BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

066484

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		42.11		0 /	REG. NO	1 7	0	
	CEASED NAME FIRST	MIDDLE	L/	121	24-7	20 DATE OF DEATH	MONTH [DAY YEAR	2b HOUR
(1.17)		DRED K.	A	DAMS			09 16	87	5:06a M
3. SE	X	4. RACE	5 DATE O	F BIRTH		& AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	
	Fomala	White	MONTH	DAY	YEAR	7.6		MONTHS DAYS	HOURS MIN,
7n. 8	Female IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY?		1910	76 BALTIMORE CITY O	R COUNTY	OF DEATH	
4	COUNTRY		MARRIED		MARRIED -				
	Pennsylvania	USA	WIDOWE		NORCED [BALTIMORE 124 USUAL OCCUPATION			OF BUSINESS OR
100	III OK IOWIN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		K OTHER INS	111011014	(PE OF WORK FOR MOST O			
	TOWSON	GBMC-6701 N.	CHARLES	ST.		ostmaste		Posta	ol Office
	AL RESIDENCE (IF NURSING HOME STATE 136 CO			13d. INSIDE	CITY LIMITS?	13e TREET ADDRESS	ZIP CODE		Bx.8
M.	arvland Ba	Itimore Butle	er	YES 🗌	NO D	2150 Belf			023
	ATHER'S NAME			15 MOTHER	S MAIDEN NAM	NE .			
)	Phillip	George	King	E:	ffie	Mary Fallers	beth	_ LA	Hoke
16a V	WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORM.	ANT	Mary Eliza			
1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	24-4311	C					
	T			Sam	uel S. A	Adams, 215	0 Reli		
	PART I. DEATH WAS CAU	anly one couse per line far (a),	(b), and (c)					BETWEEN	XIMATE INTERVAL ONSET AND DEATH
-		ATE CAUSE (a) META	STATIC L	ING CA	NCER				
-	WWW.ED.						111111		
	Candidan Hannes 1111	DUE TO, OR AS A CON	SEQUENCE OF						
	Conditions, if ony, which gave rise to immediate	(b)							
	cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF						
	underlying cause last	(c)				Bed - tellad			
	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	la
CERTIFICATION									
T E	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION	WAS PERF	DRMED	200 AUTOPSY?		WERE FIND	
1 8		11 2021 - 2001				VEC TO NOTE		YING CAUSES	
1 E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121. 110.14/19	THIN OCCUPA	YES NO X		\$ [NO 🗌
4	OR CONTRIBUTING TO CAUSE OF	THOUSE A ME MONIT	H DAY YEAR	ZIL HOW II	AJORT OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
1 8	(IF EITHER, NOTIFY MEDICAL EXAMIN		19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATI		CITY OR TO		COUNTY	STATE
2	WHILE NOT WHILE	(AT HOME STREET FACTORY	OFFICE, FARM, ETC.)	SIKEE	1	CITY OR TO	Mid	COOITI	STATE
		ipital) ottended the deceased	trom 09/11		10 87	. 09/16		10 87	1
	saw the deceased alive			1 sh - s != /		. 10		17	, that (I) (we) last
	above, (1) (we) (did) (did	nat) view the bady after reath	Y_0/ an	a that in (my) (aur) apinian a	eoth accurred on the do	ite and hau	ond from the	causes stated
	22b. SIGNATURE	1 101	2 [DEGREE				Th. DATE	ESIGNED
	(2100	un Clas	5, MT		ATTENDING PHYSICIAN	MEDICAL STAF		9/	16/62
	22d PHYSICIAN'S NAME	DEPARTS.	1	22e ADDRE	_	DIRECTOR FITTSIC	IAIVA	1//	PIOT
	The Throne was a state of the s	199179000		THE MODILE				1	
	CAROLYN CIDI	S. M.D.		GBMC-	6701 N.	CHARLES ST			
73a.1	BURIAL CREMATION, REMOVA	AL 23b. DATE	23c NAME OF CI	METERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	Burial _	9/19/87	Black R	ock C	em.	Butler	Dalta	COUNTY	
24, 11	USINAL DUNCTOR 7 17	TV Obil	Diden I	och C	250 DAYE	REC'D. BY REGISTRAR	Balto	RAR'S SIGNA	Md.
	Duguy N.C		DRESS		SEP	22 1987	Gulia 1	D. Stronger	Correction
B	ryan W. Clary	. 10 W. Pador	nia Rd.	21093	JLI	22 1001	0		

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			. nosvor
A104/0.1	MASS AT S.C. LAUR		
7.8	11/60		
	12.750	81\00	
7 -4 TDL9-0M		.4.4 212	TRANKE

5-0	.4	-	0	-73
1	NO	1	8	Line
REG	NO.			-

Rodgers Forge 112 Dumbarton Rd, 21212 SUAI RESIDENCE (IP NAS-ING-HOME OF DIFFER INDUSTRY NOWN 138 COUNTY 138 COUNT								
1 C 4				V.			9 2 87	9: 20 P
ge 4 mg		Female		MONTH	DAY / YEAR	76	MONTHS DAYS	
0 1 32	Ма	ryland	U.S.A.	MARRIE	D DIVORCED X	Baltimore	County	MD.
. 100	Ro	dgers Forge	112 Dumbartor	r Rd,		TYPE DE WORK EOR MOST OF	WORKING LIFE) INDUSTR	of business or Y
AND 215	130	Md Bald	TY 131 OITY OF	TOWN	YES NO X	112 Dumbar		21212
1 1030	Ch	arles U	. Shuman		Cora	E.		
IMORE, on and co respond		YES, NO OR UNKNOWN) (IF YES, GIVE	WARORDATES				omley Ct. 2	1093
requires that the death and the please of th	HON	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON- (b) DUE TO, OR AS A CON- (c) ONDITIONS CONTRIBUTING	SEOUENCE OF				
ALREC ALRECT	RTIFICA			VHICH OPERATIO		YES NO	IN CERTIFYING CAUSI	ES OF DEATH?
VISION OF VIII	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA'	HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY	19	21f LOCATION	2) STAIE
PITAL OR ATTENDING By the hospital on teach DiffCTOR At to defended for use of softments of the soft health ANT, if them 21 is more		22a. I certify that (I) (this began saw the deceased glive an abave, (I) (we) (did) (did not 22b. SIGNATURE	wew the took after about	Con	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	, to	22c. DA	that (I) (see last ne causes stated
TO FUN with the	00	Paul Chang M		Les MANS OF		Raven Blvd	;	
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) Creamation	9/3/87		iew Cemetery	Balto.		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Ruek Towson Fur	neral Home ,	Îne. 1	21204 250 DAT 050 York Rd.	TE REC'D, BY REGISTRAR	ZOD REGISTRAR'S SIGN.	ATURE

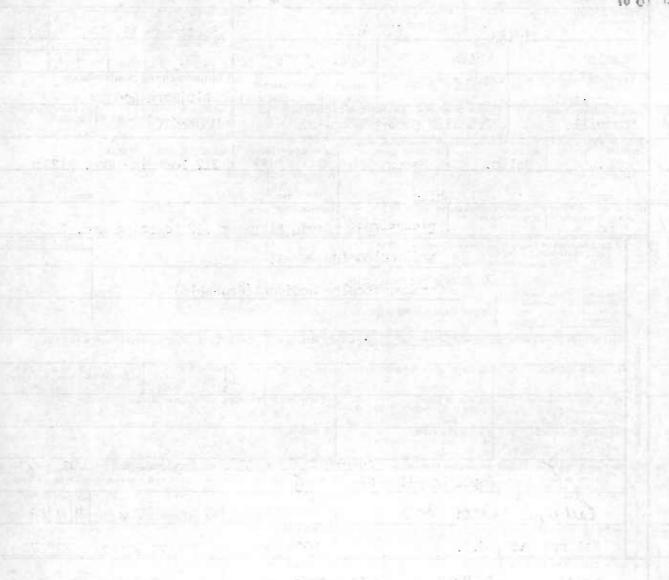
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(Julia	REG. N	0.	18	51 3

		CEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR
e 6 4		E OR PRINT)	Δι	LTVATER	100 C				а
oy be	3. SE	· Vivi	A RACE	5. DATE C		September S. AGE LIN YEARS LAST BIRT			UNDER 24 HRS
ector. progression of the		emale	White		. 9 1906 YEAR	80	YRS.		OURS MIN.
Pod Poor	70. B	IRTHPLACE (STATE OF FOREIGN	TE CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	BALTIMORE CITY O	COUNTY OF D	EATH	
So here	7	Maryland	USA	WIDOWE	DKK DIVORCED	Baltimore		V (2.2	MD.
by the f	4	OSSVILLE	Franklin Squa			HOUSEWITE		b. KIND OF BI IDUSTRY	JSINESS OR
24 hour	USU 13a	AL RESIDENCE (IF NURSING HOME OR CONTACT 136 COUN	TY I3c. CITY OR TO			13e.STREET ADDRESS /			
The state of the s	/	Md. Balt	to. Essex	ζ	YES NO **	312 Iorra	ine Ave.	21221	
pletel nd 2 and 2	317	ATHER'S NAME FIRST	AIDDLE LAST		FIRST	MIDDLE		EAST	
Sur Com	160	WAS DECEASED EVER IN U.S. ARA	White MED FORCES? 1166 SOCIAL SE	CURITY NO	17 INFORMANT	ADDRE		=	
Poge medic			WAR OR DATES)		David Altvate			2122	7
te b	F				DUVIG ALCYGE	T SIZ IVIII	THE AVE	APPROXIMATI BETWEEN ONSE	
hys pop over		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	BY: Cardion	oulmona	ry Arrest			DCT WEET VOIST	TAND DEATH
, a		IMMEDIATE		DUENCE OF					
		Conditions, if any, which	Cerebro	vascul	ar Accident(Pr	obable)			
L TME		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC						
by OS I, crem other		underlying couse lost	DOE TO, OR AS A CONSEC	20EINCE OF					
and bled on ble		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	OITION GIVEN IN	PART Ita	
The rio	, o								
on. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	
lysici cofe consil Hygi 18 sh	ĕ	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TO	OR PART 2)	
ICIA g ph g ph intel intel	3	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19					
HYS of Bor B	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	CE 1.00 ETC.)	211 LOCATION	CITY OF TO	wn c	OUNTY	STATE
otte otte s the h one	Z	WHILE NOT WHILE AT WORK	(AL HOME STREET, FACTORY, OFFIC	CE, PARM EIC)	Jike				
A A A A A A A A A A A A A A A A A A A	- 17	220.1 certify that this haspit	ol) ottended the deceased from	Augu	st 31 19 87	to _Septemb	er 119_	87 . tho	(we) lost
spitol Spitol For to of H	13	sow the deceased aliveror above, (f. (we) (did) (did) to	September 1119	87.01	nd that in (My) (our) opinion de	eoth occurred on the do	te and hour and	from the cou	es stoted
hon		226 SIGNATURE			DEGREE			22c. DATE SIG	
Al Cheto			Watt MD		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	9/11/8	7
OSPIT TUNER Id be the Str	7	224. PHYSICIAN'S NAME (TYPE OR			22e. ADDRESS				
etoined by TO FUNERA should be de with the Stot		Kathryn Watt	-		9000 Frankl	in Square	Drive,	2123	7
55 2 2 2	23a.	BURIAL, CREMATION, REMOVAL		C NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COU	INTY	STATE
BP		Burial Burial	9/14/87	Dak Law	n Cemetery	В	altimore	Maryl	and
DHMH - 16 60M 7/84	24	UNERAL DIRECTOR	ADDRES	s	25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE	
(VRA 15, 4)		onnelly Funeral	Home 300Mace 7	170 27	221 35.5	1 5 1987	julia Des	wasn. Ka	idall



	S	T	A	TE	OF	M	ARYI	LAND
DEPART	MENT	ሰ	¢	HE	ΑI	TH	AND	MENT

066631 SEP 2	dat	STATE		DEPART		ICATE OF DEATH	8 7 REG	2 4 0	0	1
000031 02. 2	1. DE	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
y be death		GEORGE		= A	NDE	RSON	9/20/87		/	237AM
8 A 4	1. SE	×	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	HDAY) IF UN		UNDER 24 HRS
A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		M	Cauc		Sep	t 18, 1924	63	YRS.	DATS IN	DON'S MIN.
4 1135		IRTHPLACE (STATE OF FOREIGN COUNTRY) MD.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	Balto Co		DEATH	MD.
		TY OR TOWN OF DEATH	St. Ag	HOSPITAL, NURSIN HEACILITY, GLYESTREET NES HOS	G HOME C	OF OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O EXECUTIVE	F WORKING LIFE) IN	2b. KIND OF B NOUSTRY EXXON	BUSINESS OR
MD 212	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	VTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE Chwood	21228	3
WARNING TO THE	1	eorge Frede	middle erick	Anders	on	15 MOTHER'S MAIDEN NA	WIDDLE		West	
IMORE, Popp.		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI WW	MED FORCES? VE WAR OR DATES) II	212-22-		Mrs. Ailee	1604 Beecc	hwood A	ve 2	L228
BAU ficate figures peper poval ent. the	Г	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	line far (o), (b), and		-1 /4 S M	ORRHAGE		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
15 Table 100 Tab		IMMEDIA	TE CAUSE (o)			L N C/V	01-1-11 108 C	-		
0 4 9 9 9		Conditions if any Lie	DUE TO, O	RASA CONSEQUE	NCE OF	AORTIC.	ANEURY	ICM		
the of temos employer trans		Canditians, if any, which gove rise to immediate cause (a), stoting the	DUE TO, OI	R AS A CONSEQUE			70,100,7	4/4		1 - Day
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		underlying couse last	(c)							
RDS, 20 equires. In signed Then pld	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	V PART 1 o	
At RECO	TIFICATI	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING	G CAUSES OF	S USED F DEATH? NO [
OF VIT.	CAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM IB PART I	OR PART 2)	
OVISION OF VIT WG PHYSICIAN otherding physician in the burdelish thood warriethy hood world hysician hood warriethy	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDS A TOR		22a. I certify that (1) (this hosp saw the deceased alive or obave, (1) (we) (did) (did				nd that in (my) (our) opinion	deoth accurred on the do	, 19		or (I) (we) lost
For Park		obave, (I) (we) (did) (did iii	new the body	ofter death.		DE GREE			221. DATESIC	GNED
FALD STALO		Mubel	21	clop	- 1	ATTENDING PHYSICIAN [MEDICAL STAF		9/20	187
O HOSPIT Tribuned by TO FUNER Phould be a MRORTAN		MICHAEL E	· PIEI	LCZAR		22e. ADDRESS		400		
BP		BURIAL, CREMATION, REMOVAL	236 DATE 9/24	/87 23c.1		emetery or crematory don Park	Barto	1,1	inth	Ma
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F St	uneral director 736 terTing Ashto	Edmon n Fune	dson Av	e 2. ate,	1228 P.A. 250. DA	EP23 1987	PRGISTON	FICHE SE	Edails

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Pil	STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG.	b. 4	9 8	5
	CEASED NAME FIRST NO POPUL	UKA	Armst		ARMSTRONG	20. DATE OF DEATH		9 87	26, HOUR
3. SE	х	1. RACE		5. DATE		6. AGE (IN YEARS LAST BE		MONTHS DAYS	IF UNDER 24 HRS
Fe	emale	White		Nov.	23, 1897 YEAR	89	YRS	MONTHS DAYS	HOURS MIN
_	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	COUNTY	1	
	ennsylvania	U.S.		WIDOWE	DR OTHER INSTITUTION	120. USUAL OCCUPAT			MD
To	owson	Manor	H FACILITY, GIVE STREET	Ruy:	ton 7001 N. Charle	(TYPE OF WORK FOR MOST Homemaker			
130. Ma	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUNTY AT YOUR AT		13c. CITY OR TOW Towson	M	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 20 Dunva	/ ZIP CODE le Rd.	2120	04
		MIDDLE	Kurtz		15. MOTHER'S MAIDEN NAM Alice	WE	>	Hene	drix
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR			75 234
No		E WAR OK DATES]	213-74-	6698	Mary A. Tir	alla- 400	W. Tim	nonium 1	Rd.,2109
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		line far (a), (b), an	OKF				APPROX BETWEEN	ONSET AND DEATH
TION	PART 2 OTHER SIGNIFICANT OF BOTH OF DATE OF OPERATION	FTES	MELL	174	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE THE TERM NOT RELATED TO	INAL DISEASE OR CON		/EN IN PART 11	
CERTIFICATION	199 DATE OF OPERATION	148. COND	II ION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO		YING CAUSES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18 P	PART I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	270 I certify that (I) (this hospi saw the deceased alive or abave, (I)	9-11	195	35,0	nd that in (my) (aur) opinian c	death accurred an the c	date and hau	/	that (I) (we) last causes stated
	22b. SIGNATUR	wheat	lin.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	CIAN [9-1	9-87
	AH. SHIL		MD.		1	ERB	Tou	son -	21204
	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	236. DATE 9-22-			CEMETERY OR CREMATORY Ridge Cemetery	y Pikesvil	le,	Balto.	, Mď.
	uneral director uck Towson Fune	ral Home	ADDRESS	York Owson	OFF.	24 1987	PLANE BEGIST		TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept of Health and Mental Hygiene prior to b IMPORTANT: If Hem 21 is morked or Item 18 shows ony TO HOSPITAL OR ATTENDIN

067235 SEP

1 - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0

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Im	RIEGISTRAR				O	REG. NO). , i i	_3	
	DECEASED NAME FIRST	٨	AIDDLE	Ł.	AST	20. DATE OF DEATH	MONTH DAY Y	HOUR	
	ELEAN	OR		AU	TRY	9/24/87		1	M
3	SEX 4	RACE	0	S. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR FUNDER 24 H	
П	F	В			/26/1909	77	YRS		
76	BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEA	тн	
	PIKESVILLE, MD		J.S.A.	WIDOWE	DIX DIVORCED	BALTO.	CITY	0	MD.
1	BALTO.	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET A BEAUMONT	ADDRESS)	R OTHER INSTITUTION	17a USUAL OCCUPATION		ND OF BUSINESS	OR
	SUAL RESIDENCE (IF NURSING HOME OR O B. STATE 13b. COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOWN BALTO.		13d INSIDE CITY LIMITS?	342 Beaut	ZIP CODE nont Ave	2122	8
14.	FATHER'S NAME	DDLE	ŁAST	- 3	15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
		MPBELI			BESS:			LASI	
160	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	SS		
		/A	212-24-	2397	VASHTI BEN	NETT 342	BEAUMONT	AVE.	
	18 CAUSE OF DEATH (Enter only	one cause per	line for 10, the , one	l je i i	1.1.		_8E1	PPROXIMATE INTERVAL	TH
	PART I. DEATH WAS CAUSED		anc	SVOYG	newa duag	0		ears	
	Canditions, if ony, which	DUE TO, OF	R AS A CONSEQUE	NCE OF	Mersis			11	
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OF	RAS PONSEQUE	RIPLA	seml alasek			4	
2	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PA	RT 1:a	
CEDTICIOATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA YES		
		21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PA	RT 2)	
AMEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	AN CONV	TY STATE	
П	22a.1 certify that (1) (this hospita	l) ottended the	e deceased from	,,1	ARCH 19 1	to Milar	. 19		
Ł	saw the deceased alive an abave (M) (we) (did) (did not)	view the bacy	ofter death.	1	nd that in (my) (our) apinian d	leath occurred an the do	ite and hour and fro	m the causes stated	
	22h SIGNATIONE MACA	lam	11.0		ATTENDING ATTENDING PHYSICIAN	MEDICAL STAF	F a	125/17	
	12d PHYSICIAN'S NAME TITTE OR	John	/n/ J		GIT PAR	Il Ave	BALT	21201	,
23	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 9/28			US MEM. PK.	BALTO.,	MD. COUNTY	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

LEROY O. DYETT 4600 LIBERTY HEIGHTS

SEP 28 1987 Julia Devidson Range

STAT	E OF	MARYL	AND
 TALL	FALTI	2 4 510	BACALT

0.0	00							STAT	E OF MARYLAND					
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			.10	REGISTRAR				CERTIF	ICATE OF DEAT	TH A	7 REEN	0.41 4	8	7
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,nt	of the) £				(IF NOT IN SUC	CH FACILITY, GIVES	TREET ADDRESS)			TYPE OF WORK FOR MOST C	F WORKING LIFE	INDUSTRY	
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MARYLAND 21200	1 100	10	Ca	arl W. Bac	hman				Pearl M	louse				
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DIVISION OF VITAL RECORDS,	The cion te h		CERTIFICATION		BERLUNIA F	3 00 7005 6	NE INTRICA		Tar iron burns		YES NO	YES		NO 🗌
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	or ATT e hospi DIRECT ched fo	Hem		226. SIGNATURE	./				DEGREE		/	1 120	22c. DATE	SIGNED
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	ope of op	<u>\$</u> /	23a F	BURIAL, CREMATION,				23c NAME OF C	EMETERY OR CREM	ATORY	1236 LOCATION			
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STATE OF MARYLAND

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APPROXIMATE INTERVAL

23g BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE Burial 10-3-87 St. Joseph's Cem. Balto. Md. 250 DATE REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE "Schimunek Funeral Home, Inc. DHMH - 16 60M 7/84 (VRA 15, 4) 9705 Belair Road, Balto., Md. 21236

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DEPARTMENT

STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

065682 SEP	6	87TATE 87EGISTRAR			DEPA		SEALTH AND MENTAL HYG	IENE RE 2 NO	0.4 9 8	9
		CEASED NAME	FIRST		MIDDLE		LAST .	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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F4/0	IN	ORTH CAROLI	INA	U.S.A	A.	WIDOW		BALTIMORE	COUNTY	MD
1700		ITY OR TOWN OF DEA	TH	11. NAME OF I	HOSPITAL, NUR	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		D OF BUSINESS OR
5 5 5		ORT HOWARD			HEDICAL			EQUIP. OPE		K1
AND 212	13o.	AL RESIDENCE (# NURSI) STATE ARYLAND		ROTHER INSTITUTION NTY	BALTI	OWN	134 INSIDE CITY LIMITS?	3654-2 PAS	ZIP CODE KIN PLACE/2	21207
1 1 10 40	14. F.	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST
# 1 X2 KC		GEORGE			BALDWIN		BERTHA	WIDDLE	BALDWIN	
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ST., E				ED 8Y: TE CAUSE (a)	CACHE	XIA		a fissa wax		
or r of r				DUE TO, O	R AS A CONSE	QUENCE OF				110.20
ESTO death ave ca flian, o	100	Canditians, if any,		(b)_	METAS:	TATIC C	ARCINOMA			
1 W. PR hat the by the ase remail, crema other tr		gove rise to imm couse (0), stating underlying cause		DUE TO, OI	R AS A CONSE	QUENCE OF				
ires th gned to plea burial, ry, ar a		PART 2 OTHER SIGN	IFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lia
ORDS required signatures of the single of th	CERTIFICATION	DIABETES	MEL				HYPERTENSION			
law law	CA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USED SES OF DEATH?
The cion.	1 =							YES NO X	YES	NO 🗌
AN A		21a ACCIDENT WAS UNDE	-		F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART I OR PART	2)
SION OF VI	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINE	R) P.		19				
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig es the burial-transit permit. Then orth Amerial Hygiene prior to be marked or flem 18 shows any injury	MED	216 INJURY OCCURRI	LE .		EET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO		STATE
NOUS A SE A Lealing	2	220.1 certify that Xi) ((this hasp	ital) attended the	e deceased fro	m_AUCU	ST 27 19 8	7 to_SEPTEM	BER 1119 87	, that (X(we) last
ATTE ospito ECTO ed for m 21	16.	saw the decease above, (hywe) (di	d alive ar	OFFTE	TIDEN Th	9_8/_, 0	nd that in (Xy) (aur) apinion	death occurred on the do	ate and haur and from t	the causes stated
OR house		226. SIGNATURE	1 4 10	day	n M		DEGREE	MEDICAL STAT		ATE SIGNED
A th		11 lane	la	yunu	MO			MEDICAL STAI	IAN 9-	12-87
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TO HOSE retained TO FUN should b with the		MARCIA	KANE	, M.D.			VAMC, FORT I	HOWARD, MD.	21052	
7 € - 2 ₹		BURIAL, CREMATION, F		236 DATE	2		EMETERY OR CREMATORY	23d. LOCATION	TO A TOTAL) DONATE
BP		BURLA	ما	9/17/	87	ן תדמאת	RIDGE CEMETERY			
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME LEWIS T. G	WYNN	4517 P	ARK HE	GHTS A	VE 21215 250 DAT	P 1 5 1987	Julia Davidson	- Kondall

4517 PARK HEIGHTS AVE 21215

LEWIS T. GWYNN

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10 W. Padonia Road

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Item 16a Film G632 10-7-87

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24 FUNERAL DIRECTOR

Bryan W. Clary

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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068590 OCT 14	87	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 2 NA	991	
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d day	3. SEX	F	4. RACE	V	MONTH	5/00//96	6 AGE (IN YEARS LAST BIRTHDAY	y) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
11/16		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY	? B. MARRIE	NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH	20121
1 11/62	P	TY OR TOWN OF DEATH	US	A NUMBER	WIDOWE	D DNORCED DROTHER INSTITUTION	BALTIMOR		MD.
4 13 6/	V	ALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
120	-	ALTIMURE AL RESIDENCE (IF NURSING HOM	MERIDI.			LL N.H.			
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1 15010	JANTA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		1.45	
w 1 11/12	1	WILLIAM JAC	OB BASL	ER	Maria .		VERONICA		
IMORE, ond re-		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	220-07			ASLER - bro		
T. SALT	y)	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	only one cause per JSED BY: JATE CAUSE (a)	line for (a), (b), a	nd icu t	ution			MATE INTERVAL ONSET AND DEATH
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le be	IFICATI	90 DATE OF OPERATION	1% COND	ITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20g AUTOPSY? 208	IF YES, WERE FINDIN CERTIFYING CAUSES YES [NGS USED OF DEATH?
F VITA physica filtrate filtrate of hyper	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)URY IN		A
ON CHARGO	MEDICA	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	21e PLACE	OF INJURY	19	21f. LOCATION			
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CTO OCTO		saw the deceased alive above, (i) (a selfd) (did	an 9/3/		1/_, 01	d that in (my) (book apinion	death occurred on the date o	nd hour and fram the	couses stated
the book of the bo		17h SIGNATURE	Moro	woner	201	MA ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	122c. DAYE	SIGNED
HOSPITA Direct by STUNERA PORTANI		VUONE	PE OR PRIMITED Y	EN.	MD	6331 B	clair Rd	Balto 7,	nd 2/206
54 541 3		URIAL, CREMATION, REMOV	AL 23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP		Removal	9-30	-87			CITY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR		ADDRESS		250, PA	FRECD BY REGISTRAR 258	REGIS MAR'S SIGNAL	TRE

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DHMH - 16 60M 7/84 (VRA 15, 4)

State Anatomy Board

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No. 1 Anno State Committee Committee

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2	2587 _E REGISTRAR			DEPART		ICATE OF DEATH	GIENE 7	REG.	20.4	9 9	3
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10. CI	Md .	TH 111.	NAME OF H		WIDOWE NG HOME C	DROTHER INSTITUTION		ltimor			OF BUSINESS OR
Rar	ndallstown	B	alto.	County G	ADORESS)		Ret	C. &	P. Sup	E) INDUSTRY	
IXe. S	AL RESIDENCE (IF NURS)	ING HE AE OR OTH		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Balto.		13d. INSIDE CITY LIMITS?	13e.STR	N. Ch		St. 21	218
14. F#	ATHER'S NAME	MIDD		LAST		15 MOTHER'S MAIDEN N		WIDDIE	<u> </u>		AST .
	Joseph	S		Legge	tt	Daisy				В	rooks
	WAS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDR	ESS		
,	no	(IF TES GIVE WA	IN ON CIATES!	212-03-6	397	Audrey V. S	taffor	rd 2308	Susan	ann Dr	. 21074
	PART I. DEATH W Canditions, if ony, gave rise to imm cause (a), statin underlying cause	which mediate g the lost.	AUSE (o) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQU	ENCE OF	ONLA.	DAAINAI DIG	ELASE OD CON	NOTION CIV	6	NAMATE INTERVAL LONSET AND DEATH
Z	TAKT 2 OTTLER SIGN	VIII CAIVI COIV	DITIONS <u>CC</u>	NIKIBOTINO TO	DEATH BOT	NOT RELATED TO THE TEL	KMIII AL DIS	SEASE OR COL	ADITION GIV	EN IN PART I	id .
CERTIFICATION	19a DATE OF OPERATION 19b Co			CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS OF THE PROPERTY OF THE			
	210. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	216. TIME O HOUR A P.:	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (EN	TER NATURE OF INJ	URY IN ITEM 18 P	ART 1 OR PART 2)	
MEDICAL	WHILE NOT WH							CITY OR TOWN			STATE
	22a. I certify that () saw the decease above, W (we) (c 22b. SIGNATURE	(this haspital)	7/1	19		nd that in (my) (aur) apinion DEGREE ATTENDING	MEDI	CAL _ STA	date and hau	r and fram the	that X (we) last e causes stated
	TH PHYSICIAN SIN	20 J	1/x	0	14,1	PHYSICIAN 22e. ADDRESS	C.	TOR PHYSI	H	- /	

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Carroll Cremations

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, # Bem 21 is

Cremation 24 FUNERAL DIRECTOR Eline Funeral Home

Reisterstown

9/18/87

ATORY 23d LOCATION CITY OF TOWN

NS Hampstead Carroll Md.

25d Date REC D. By REGISTRAR 25b, REGISTRAR'S SIGNATURE

SEP 2 1 1987

India south and warm

SEP 2.1 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH DECEASED NAME (TYPE OR PRINT) VIRGINIA S. BEIMSCHLA SEPTEMBER 7,1987 8:20 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR September 6,1898 Female White BALTIMORE CITY OR COUNTY OF DEATH M BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Secretary Savings & Loan Dulaney Towson Nursing Center Towson Baltimore Baltimore 13d. INSIDE CITY LIMITS? 130.STEEDADDSESS / Pacepe St. 21218 Maryland YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frederick W. Snyder Mary Elizabeth 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 23 Acorn Circle (YES NOOR UNKNOWN) 219-18-6624 Helen F. Block Towson, Md. 21204 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for ja), (b), and ice PART I. DEATH WAS CAUSED BY: ardiac IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY3 IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN IURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC] 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITTE OF PRINT 22e ADDRESS 3501 St. Paul St. Franklin E. Leslie, M.D. Baltimore, Md. 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 9/11/87 Loudon Park Baltimore City, Maryland Maryland Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTAN

ld b

24 FUNERAL DIRECTOR
NAME
ADDRESS 6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

250 DATERIC D. BY REGIST

256 REGISTRAE'S SIGNATURE

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마스타 : [1] (1) - [1] (전통하는 말이라. 그리다 : # 2(x + 24) [2] (1) (1) (1) (2) (2) (1)	
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2 RECAIO. 9	25	
September 12	, 1987	26 HOUR 6:15A
AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS

	1. DEC	OR PRINT) Arthur		narles	·	Bell	September 12	2, 1987	6:15A M	
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7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	OF INJURY .M. MONTH D .M. OF INJURY	19	21c. HOW INJURY OCCURR 211. LOCATION					
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DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If hem 21 is morked or hem 18 shrees

24 FUNERAL DIRECTOR

Mitchefil-Wiedefeld Home 6500 York Road 21212

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		24 F	UNERAL DIRECTOR				25 - DA	TE DEC D DY BE ISTO	R 246. REPOSTS		
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	ed within	3	00	14 F./	THER'S NAME FIRST Harry	М	IDDLE	Bellos		15 MOTHER'S MAIDEN NAME FIRST Anastasi	.a.		apone	
	be execu	2	2		VAS DECEASED EVER VES NO OR IJNKNOWN) Yes	IF YES GIVE	NED FORCES? WAR OR DATES)	218-05-		Harriet Econ	omas 3744 I		Ave. 2	1213
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	aftendin	h ond Me		MEDICAL	21d INJURY OCCURR	LE C	21e PLACE	OF INJURY ISET FACTORY OFFICE F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN /	COUNTY	STATE
	TTENDIA spitol or	for use of Healt			220 L certify that (1) sow the decease	d alive on_	9-2	19 6	2-0	2-20, 19 83 d that in (my) (our) opinion	to 9-2 death occurred on the d	ate and hour or		ot (I) (we) last uses stated
U	Y the ho	State Dept		1	22b. SIGNALUPE	Rite	leco	MS)_'		MEDICAL STA		9-20 DATE SK	7-87
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DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Burial

Sep 26 1987 Garrison Forest Vet.

Owings Mills

Maryland

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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Lagrand J. Muck, Loc. Baltyabre, Largery and Lagran

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STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Eline Funeral Home

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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7	13a S	L RESIDENCE I F MURSIN TATE WSON	Balt:	ther institution	Towson	E ADMISSION) VN	138 INSIDE CITY LIM	AITS?	13 e STREET ADDRESS / ZIP CO	^{ODE} −Apt. 10	2- 2120
	1	FATHER'S NAME Russell Russell				15 MOTHER'S MAID Alice		MIDDIE	Connell		
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		22a 1 certify that (1) (sow the decease above, (1 (we) (di						opinion di	eoth occurred on the date and		
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		Carl W. I	Ebblin	ng M/D.		Jan 6	7401 Os	~			
1		urial, cremation, f u rial	REMOVAL	23b. DATE 9/11/			on Cemeter		Balto.	Balto.	STATE Md.
		ck Towson	Funera	al Home	, Inc.	1050 \	21204 York Rd.	SEF	P 1 5 1987 Aut	GISTRAR'S SIGNATURI	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for use with the State Dept of Hea

IMPORTANT

TO HOSPITAL

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Item 2d, G639 5-18-88 STATE OF MARYLAND Unknown 87-ARTMENT OF HEALTH AND MENTAL HYGIENE STATE per med exam 066361 SEP MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE ELLIEP DIRECTOR. ELLIES OUR FILES. ELLIEN 72 HOURS 9-18- 1087 DEATH MATED Blake Christopher James DAY 2d HOUR 3. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10:10 AM M 19 87 April 22,1970 17 DEAD Male White 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore County WIDOWED _ DIVORCED U.S.A. Maryland 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION block Washington Avenue Towson Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY 416 Talbott Ave. YES [NO V Baltimore Lutherville. Maryl and 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE FIRST Christine McCreadie Blake Joan Norman T PERMIT. PAGES 16b. SOCIAL SECURITY NO. 7. INFORMANT 14a. WAS DECEASED EVER IN U.S. ARMED FORCES? 217-02-8744 Ms. Joan Blake Same as #13 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD, "FENDING AS 4 SHOULD BE FORWARDED TO THE CHIEF MEDIO TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A RETER DEATH, WITH THE STATE DEPARTMENT OF HEALTH A BESTIMANER, MARYLAND, 21201 PRIOR TO BURIAL, CREMAIN 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 710 EXTERNAL CAUSE WAS ADDINAOXAONTH DAY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING Subject jumped off a parking garage 9-18 CONTRIBUTING CAUSE OF DEATH 8:30 AM 19 871 21e PLACE OF INJURY (AT HOME, II. LOCATION 71d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 400 block Washington Avenue, Towson, Baltimore garage County, Maryland Autopsy X Look charge at the remains described about Inspection and in my opinian 22a. I certify that Suicide X Homicide Undetermined manner death resulted from Vatural causes TITLE (SPECIFY) ACTUAL 9-18--87 Assistant SIGNATURE ADDRESS 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 736 BURIAL CREMATION REMOVAL 236 DATE Baltimore, Mary Sept. 21.1987 Westview Crematory Cremation Maryland 07/84 25AA 24 FUNERAL DIRECTOR 1050 York Road ulia Dividson Randall **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson Mil. 21204

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the facility cars be executed within 24 offerching physician. The low requires that the most provided by the outloading physician and completely fillies as the buriol-transit permit. Then please early a concording physician and 2 should the ond Mental Hygiene prior to be vital, greened as concording to order or the medical cars.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART TO	1.4
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DHMH - 16 50M 4/83		NAME		ADDRESS			SEP		LIE REGISTR	Ja Edgarno	Randale
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3 SE	× Female	0 4	RACE	te	S. DATE C		83		FUNDER I YEAR	IF UNDER 24 HRS
7a. BI	IRTHPLACE (STATE ORFO	DREIGN 71	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY C	_		MD
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	AL RESIDENCE (IF NURSII STATE Md.	NG HOME OR O 13b COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOW Datting		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 433 FOLC	ziB CODE	treet 2	21224
14. F./	ATHER'S NAME Michael	MI	DD4E	Hauk		IS MOTHER'S MAIDEN NA	WIDDLE		Azki	inson
	WAS DECEASED EVER I		ED FORCES? WAR OR DATES)	217-05-7		Patricia Col	landro 7440		ic Dr.	21061
	18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only AS CAUSED IMMEDIATE	BY	Cardi		Drest			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse 101, stating underlying couse	ediote	(b)_	R AS A CONSEQUE	MCE OF	Heart desei	ise			
NOI	PART 2 OTHER SIGN	IFICANT CO	Dem	entia		Peripher	Vajela	n Dis	Huse	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	n was perförmed	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
EDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	A. MONTH DAY YEAR			RY IN ITEM 18 PA	(RT I OR PART 2)	
WED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	IE C	(AT HOME STR	OF INJURY EET FACTORY OFFICE, F.		211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a I certify that (1) sow the decease		l) offended the		8700	nd that in (my Cour) opinion	death occurred on the d	ate and hour	ond from the	that (Dwe) lost causes stated

sow the deceased olive as Jep 10 obove. (1) we) (did did not view the body ofter death 22b. SIGNATURE

DEGREE MO

MEDICAL STAFF

22c. DATE SIGNED

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

236 DATE 9-8-87 23c. NAME OF CEMETERY OR CREMATORY emetery | 256 DATE REC

23d. LOCATION

24 FUNERAL DIRECTOR

harles S. Zeiler & Son Inc. 6224 Eastern Ave

SEP

DHMH - 16 60M 7/84 (VRA 15, 4)

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FUNERAL DIRECTOR: haspital

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REGISTRAK 20 DATE OF DEATH TYPE OR PRINTS 1:50p September 6, 1987 Sophie M. BOETTIGER 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH Nov. 6, 1895 Female White To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York City. Baltimore County U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Franklin Square Hospital - 2123 INDUSTRY Rosedale Housewife at Home Baltimore 13e STREET ADDRESS / ZIP CODE Towson 13d INSIDE CITY LIMITS? Maryland 418 Goucher Blvd. - 21204 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sophie George Fuchs Hoch ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT -21204 тефіса (IF YES, GIVE WAR OR DATES) 111-20-2372 Mrs. Rosemarie Guntzel - 418 Goucher Blvd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Cariopulmonary Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Sepsis, Urinary Tract Infection Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause (c) Hypotension CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 286. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA burial-transit p 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hen LIF FITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f LOCATION à COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that X (this haspital) attended the deceased from, saw the deceased alive of September 6 19 September 6 saw the deceased alive on September 6 abave, N (we) (did) (M.X. not) view the bady after death and that in (X) (aur) apinian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANT 'Angel Torano, M.D. 9000 Franklin Square Dr., 21237 23¢. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL St. Michael's Churchyard Sept.9,1987 Burial Queens, N.Y.C. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Henry Sander & Sons, Inc. Balto. Md. -21213 mindson Randelle

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12	BREGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.0	U	3 0	
	ECEASED NAME FIRST	MIDDLE	U	NST .	2 AATE OF DEATH	MONTH DA	Y YEAR	2h HOUR	
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3. SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
	F	W	9	21 87		YRS.	13	MINE.	
Jo. B	SIRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	BALTIMORE CITY		FDEATH		
	BAITO CO	USA	WIDOWE	D DIVORCED	Baltimore	County		MD.	
10. C	Towson	Greater Balt:		rotherinstitution dical Center	12a. USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR	
13a	JAL RESIDENCE (IF NURSING HOME OF STATE 13b, COUT	NOTHER INSTITUTION GIVE RESIDENCE NTY 136. CITY OR		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP.CODE	Sti	21791	
14. F.	ATHER'S NAME	MIDDLE LAS	/	15. MOTHER'S MAIDEN NAM	AE MIDDLE		IA.	CT	
1	RICHARD	G 57	DUFFER	TR MARY	MIDDIE,	Boo	NE	31	
		MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI	ESS		MAICH.	
		-		MARY BOONE	= 204 E.	ELGER	57.	BRIDGE	
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		l failur	e			BETWEEN	ONSET AND DEATH	
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	gove rise to immediate couse (a), stating the	(D)							
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	PART 2 OTHER SIGNIFICANT	(6)				IDITION CIVEN	I INI DART I		
S	Massive intr	aventricular l	nemorrha	ge	INAL DISEASE ON CON	DINOIN OIVE	THE PART II		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			20a AUTOPSY?	20b. IF YES, V	206. IF YES, WERE FINDINGS USED		
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E E	210. ACCIDENT WAS UNDERLYING		BAN MEAR	21c. HOW INJURY OCCURR					
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	sow the deceased alive on above, (I) (we) (did) (did no	9/24 ot) view the body ofter death.	19 <u>87</u> . on	d that in (my) (our) opinion d	leath occurred on the d	ate and hour o	nd from the	couses stated	
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	Leslie L. Wa	lters, M.D.	0	6701 N. Char	rles St. B	alto.	MD 2	1204	
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23 NAME E	WETE Y DE CHANTON	23d LOCATION		Out of	A STATE	
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24 F	UNERAL DIRECTOR	ADD ADD	1/	250 DATE	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE	
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			OR PRINT	FIRST		MIDDLE		LAST	1	DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
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70	- v > =	23a 8	SURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF	EMETERY OR CREM	ATORY	23d. LOCATION CITY OF TOWN	cou	INTY	STATE
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(VI	RA 15, 4)		3331 Brel	hms La	ane, Bai	lto. Mo	a. 21213		SE	EP 8 1987	1100 1100	TECHNOLOGY D	Programme.

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				CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH MON	NTH DAY YEAR	2b HOUR
	poge 3		(107)	LILL	TAN	E.	BORTN	ER	SEPTEMBER 14	1987	1:45 ^P _M
	L 0		3. SE		1. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA		AR IF UNDER 24 HRS
	ge 4			FEMALE	WHI	TE	DEC.	14 1896 YEAR	90	YRS MONTHS DAY	S HOURS MIN.
•	eath. Page and direct	35	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY? 8 MARRIE U.S.A. WIDOW! 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MANOR CARE—ROSSVILLE		D NEVER MARRIED 🛣	9 BALTIMORE CITY OR CO BALTIMORE	OUNTY OF DEATH	MD
5 /	led and	O Sties	10 C	BALTIMORE	11. NAME OF (IF NOT IN SUI MANOR			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO SEAMSTRESS	ORKING LIFET INDUSTR	OF BUSINESS OR
ST ON	24 hours	981	USU:	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION INTY	13c. CITY OR TO BALTIM		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII 8932 KILKENN	P CODE NY CIRCLE	21236
BALTIMORE, MARYLAND 21120	and 2 and	13	14.F/	ATHER'S NAME FIRST LEVI	WIDDLE	BORTNE	R	IS. MOTHER'S MAIDEN NA/ FIRST ELIZABET	ME MIDDLE		LAST PANDT
8	1	2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS		
IWO	9 50	/		NO	IVE WAR OR DATES!	215-01	-6814	CHARLES HILB	ERG (NEPHEW)	SAME ADDR	ESS
	physicia physicia oripopers	1		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	inly ane couse pe ED BY: ATE CAUSE (a)	r line far (01, (b),	fearl	Failur		APPROBLINGE	OXIMATE INTERVAL IN ONSET AND DEATH
N S	ding or bo	lease remave carb				R AS A CONSEC	DUENCE OF	Λ - Λ	N. C. C. C. C.		
ESTO	deat offen atten			Canditians, if any, which	((b)_			ASOVA			
1 W. PR	that the			gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)							
RDS, 20	equires in signed Then ple	λ,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART	lio
AL RECO	he law r on. has bee t permit.	17	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20c AUTOPSY? 20 IN	Ib. IF YES, WERE FIND CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	SICIAN: TI ng physica certificate rrial-transit ental Hygi		-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	EATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
VISION	G PHYS attending er this c	kedor II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	ATTENDIN aspitol ar ECTOR: Afi d for use a	m 21 is та		22a.l certify that (1) (this hosp saw the deceased alive- abave (1) (we) (did) (did no	Jul	4 10	3), or	9	death accurred an the date of		
U	y the hasp RAL DIREC detached it tate Dept.	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		226 SIGNATURE	Haro	in	ē		MEDICAL STAFF DIRECTOR PHYSICIAN	6	15/87
	TO HOSPITAL retained by th TO FUNERAL should be deter	MPORTAL		22d PHYSICIAN'S NAME (TYPE DR.	HAF	ROUN		22e ADDRESS 6660 BEI	AIR RD.		
	BP	_		BURIAL, CREMATION, REMOVAI SPEBURIAL	9/16/	′ 87	MORELAN	D MEM. PARK	23d LOCATION CITY OF TOWN BALTIMORE	COUNTY	MD.
	DHMH - 16 60A (VRA 15, 4		24 FI	UNERAL DIRECTOR MUNEK 1 9705 Belair	FUNERAL Rd., Ba	HOME, I	NC. 1. 2123	250 0	E ECT. BRIDSTAR 25h	REGISTRAR'S SIGNA	ALURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 5

REGISTRAR 256 REGISTRAR'S SIGNATURE

Ĭ		CEASED NAME	FIRST		MIDDLE	Į.	AST	20 DATE OF DEATH MON	TH DAY YEAR	26. HOUR	
	{TAPE	OR PRINT)	BASIL	1	WILI	LARD	BOWMAN	SEPTEMBER 27	1987	11:30P _M	
	3. SE)	x		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YE		
	1	MALE		WHI	ΓE	FÉBR	UARY 23, 1905	82	YRS DA	TS HOURS MIN.	
_	Jan Bl	RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8		9. BALTIMORE CITY OR CO			
MARYLAND			U.S.A		WIDOWE		BALTIMORE (COUNTY	MD.		
CATONSVILLE			CHARLES	HOSPITAL, NURS HEACHITY GIVESTR STOWN NU		OR OTHER INSTITUTION CENTER	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO TREASURER	PRKING LIFE) 126. KIN (INDUSTI	O OF BUSINESS OR RY		
1	13a S	AL RESIDENCE (IF NURS STATE MARYLAND	13b COUN BALT	OTHER INSTITUTION, NTY 'IMORE	CATONS V		134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIF 711 MAIDEN	CHOICE LA	NE 21228	
)		THER'S NAME BASIL		WILLIAM			AMELIA	WIDDLE		DETRICH	
	()	vas deceased ever yes, no or unknown! NO		MED FORCES?	213-10-		17 INFORMANT CHARLES BOY	402 PAT	LEIGH ROA ILLE, MD.	D 21228	
2	CERTIFICATION	gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAL	VIFICANT C	CONDITIONS CO	ascul	O DEATH BUT	NOT RELATED TO THE TERMI	200 AUTOPSY? 200	ON GIVEN IN PART b. IF YES, WERE FIN CERTIFYING CAUS	DINGS USED	
1		210. ACCIDENT WAS UND OR CONTRIBUTING (IF ETTHER NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	214. HOW INJURY OCCURR	YES NO CHER NATURE OF INJURY IN I	YES 🗌	NO 🗆	
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	HILE []	21e PLACE (OF INJURY BEET, FACTORY, OFFIC	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		22a.1 certify that (1) sow the decease above, (1) (we) (a 22b. SIGNATURE	ed olive on	9/3	19	27. on	d that in (my) (opinion of opinion opinion of opinion	death occurred on the date o		he couses stated	
+		224. PHYSICIAN'S NA	AME (TYPE O	Carey RPRINT)	2.7	h	ATTENDING PHYSICIAN 220 ADDRESS	Diffector Title Internet		128/80	
		cliff			M.D.		STVIEW MALL, BALTIMORE, MD. 21228				
	23a B	URIAL, CREMATION,					EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
		BURIA	L	10/01	1/87 D	RUID R	IDGE CEMETERY	PIKESVILLE	BALTIMO	RE MARYLAN	

WITZKE PUNERAL HOMES P.A. CATONSVILLE, MD. 21228

DHMH - 16 60M 7/84

LEROX M. & RUSSELL C. 1630 EDMONDSON AVENUE,

(VRA 15, 4)

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DHMH - 16 60M 7/8 (VRA 15, 4)

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١,	FOR - STATE		DEPARTMENT OF H	EALTH AND MENTAL HY	GIENE	050	1 11
3.8	REGISTRAR DECEASED NAME FIRST YPE OF PRINTI	Bobert MIDDLE	John	AST Bouman.	REG. NO 20 DATE OF DEATH September	0	26. HOUR 12:10a
3. S	Male Male	1 RACE White	5. DATE C	27 ************************************	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN VOSNING ton D.C.	76. CITIZEN OF WHAT	COUNTRY? 8 MARRIE	DI NEVER MARRIED DI	0.711	R COUNTY OF DEATH	1 MD
10	Rossville	11. NAME OF HOSPIT	AL, NURSING HOME C Y, GIVESTREET ADDRESS) HO N Square Ho	or other institution	120 USUAL OCCUPATI	ON 126 KIN	D OF BUSINESS OR
130	JUAL RESIDENCE (IF NURSING HOME 1. STATE Md. 138 Ba	OR OTHER INSTITUTION GIVE RES UNITY 13(. C)	TY OR TOWN Dundalk	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS A	2/222	
1	FATHER'S NAME FIRST		Bouman.	Gentrude	E IDDLE		LAST
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SO GIVE WAR OR DATES) 2/	3-26-8079	Dorothy M.	Ramoska 714		reet 21224
CATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (b) Sep: DUE TO, OR AS A (c) Squit CONDITIONS CONTRIB	consequence of amous Cell	Lung Cancer 1		DITION GIVEN IN PART 20b. IF YES, WERE FIN	DINGS USED
CERTIFICAT				21t. HOW INJURY OCCUP	YES NO X	YES TEN IS PART LOR PART	NO 🗆
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	URY TORY, OFFICE FARM, ETC.)	211, LOCATION STREET	CITY OR TO	wn county	STATE
	220.1 certify that the (this has saw the deceased alive a above, (f) (we) (did) (the	Seotember	1 19 87°, ar	t 29 , 19 8 ad that in terror (our) opinion DEGREE	7 , to Septemb death occurred on the de	ote and hour and from	that (# (we) last the couses stated ATE SIGNED
	22d PHYSICIANS NAME (TYPI Melinda	Ann Roth, M	0111 1000	PHYSICIAN 27e ADDRESS	DIRECTOR PHYSIC	IANIX	7-87
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 9-3-87	0 1	EMETERY OR CREMATORY Lawn Cemeter			Md. STATE
74	Charites S. Zeil	er & Son In	c. 6224 Eas	tern Ave. S	EP 2 1987	256 REGISTRAR'S SIGN	n. Randale

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STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE 8 7 REG. NO.2	5 0	1
LAST	20 DATE OF DEATH MON	TH DAY YEA	R 2b. H
	Santombar 1	1027	2.1

			STAT	E OF MARYLAND			
	FOR	DEF	PARTMENT OF	HEALTH AND MENTAL HYG	IENE		. 1
71.	- STATE			FICATE OF DEATH	0 7	250	
	REGISTRAR				REG. NO		
	CEASED NAME FIRST	WIDDLE		LAST	to DAIL OF DEATH	MONTH DAY YEA	20.11001
	Frank	John BOZNANGO)		September	1, 1987	2:34a M
3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	
	Male	White	MONT 2	P 20 13	74	MONTHS D	AYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN		20 1)	9 BALTIMORE CITY O	P COUNTY OF DEATH	H
	COUNTRY		MARRIE	ED NEVERMARRIED	Baltimore	_	
	Maryland	USA	WIDOW				MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 12b. KIN	ID OF BUSINESS OR
	Rosedale	Franklin Squa	re Hosp.	ital	Clerk	U.S	Postal Se
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE			1		21237
130	Maryland 136 COU	ltimore 13c. CITY OF	RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ing Ave.Bal	
14 5	ATHER'S NAME			YES NO X		TIE HAG. Dat	. to., Mu.
1	FIRST	MIDDLE LAS		FIRST	MIDDLE	LOUIS Y	LAST
1	Frank		nango	Margaret			offman
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRE		
-	TES, NO OR ONKINO WIN)	212-	-28-5381	Denise Bre	esnan 51 Kin	ig Richard	Ct. 21237
-	LE CALICE OF DEATH STATE	alu ann anns ann line fau (a)	the and tax			API	PROXIMATE INTERVAL EEN ONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY. Cardio	pulmary	Arrest		BETW	TEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	oparmar j	7.11.1000			
		DUE TO, OR AS A CON	SEQUENCE OF	art Failure		5 60 10	
	Conditions, if any, which	Conges	stive he	art faiture		TRUE IN	
	gave rise to immediate cause (a), stating the	DUE TO OR IS I SOM	SEQUENCE OF				CX MAN
	underlying cause last.	Athero	sclerot	ic Coronary Va	ascular Dise	ease	
	PART 2 OTHER SIGNIFICANT	107					
z	PART 2 OTHER SIGNIFICANT	COMPINONS COM INBUTIN	IG TO DEATH BO	I NOT KELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	1110
CERTIFICATION	TA DATE OF OREDATION	THE CONTRICT TODAY	AUGU OBERATIO	DALLWAS DEDECTOR	78m AUTOPSY?	Lague IF MES MEDE EN	IDNICS USED
S	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY	20b. IF YES, WERE FIN IN CERTIFYING CAU	
E					YES NOX	YES 🗌	NO 🗆
CER	210 ACCIDENT WAS UNDERLYING [216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART FOR PAR	T 2) '
	OR CONTRIBUTING CAUSE OF DE		H DAY TEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	17	211 LOCATION			
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
	AT WORK AT WORK		0	25 07	Contout	1 07	
	220.1 certify that the (this hosp			st 25 198/	septemb		, that th (we) last
	saw the deceased alive or	n September 1	_19_87, o	and that in (my) (our) apinion	death accurred an the de	ate and hour and from	the causes stated
	226. SIGNATURE	- I le	,	DEGREE		22c. D	ATE SIGNED
	Alux	Min d. Kr	nny	MD ATTENDING	MEDICAL STAI		1-87
	22d. PHYSICIAN'S NAME ITYPE	OR 8004111		PHYSICIAN [DIRECTOR PHYSIC	IAN LX	7-01
			D		alala Ca Du	01007	
	Stepnen	L. Kinney, M.	υ.	9000 Fran	nklin Sq. Dr	., 2123/	
23a	BURIAL, CREMATION, REMOVA	L 23b DATE	23c. NAME OF	CEMETERY OR CREMATORY	234 LOCATION		
	(SPECIFY)Burial	9-3-87	Oak La	wn Cemetery	CITYORTOWN	Baltimore,	Maryland
_	UNERAL DIRECTOR	Ana	1 Bel AI	12 12 1250 DAT	E REC'D. BY REGISTRAR	Sh RECHET PAPIS SIC	
1 -	NAME	ADI	DRECC		002 4007 4	wie Davidson	Months men
10	issaun runeral	Home BAL	-10 . MD.	21236 8	40 4014		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

JIAIL OF MARTERIES									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
CERTIFICATE OF DEATH									

2	1 -	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NOI	2 5	7	2
1	1. DEC	CEASED NAME FIRST	WIOOFE		LAST	20 DATE OF DEATH M	ONTH D	AY YEAR	2b HOUR
-1	11172	George	Lewis	В	remer	September	20. 1	987	100 8 M
-1	1 SE)		RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
-1		Male	White	Mav		68	YRS.	ONTHS DATS	HOURS MIN.
1	7a. 811	RTHPLACE (STATE OF FOREIGN 71	CITIZEN OF WHAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMORE CITY OR	OF DEATH		
		West Virginia	USA	WIDOW	_	Baltimore	Colm	tv	MD.
2	18. CI		1. NAME OF HOSPITAL, NURSIN	IG HOME		12a USUAL OCCUPATIO	N	126. KIND O	F BUSINESS OR
		Edgemere	3115 Lynch Roa	-		Balto. Co.		Dept (I	Ret'd)
=	USUA	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)				HCDC (I	<u></u>
s	130. 5	Maryland Bal	timore Edgeme		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 3115 Lync		d 212	19
	14. F.A	ATHER'S NAME		re	15 MOTHER'S MAIDEN NA	ME	I Illa		
		The second secon	DDLE LAST		Goldie	T.		LAS	imblev
	16a. V	Paul VAS DECEASED EVER IN U.S. ARM	W. Breme ED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRES	5	11.	піртел
			215-05-		Leona H. B	remer 3115 L	ynch	Road :	21219
-1		18. CAUSE OF DEATH (Enter only	APPROXI BETWEEN C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED	5m	Smin					
	N. Y	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DI Later Candery or parties. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE O							200-3 -
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	DIVIDITIONS CONTRIBUTING TO		20a AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED	
71	Ħ	in the second				YES NO	YES	ING CAUSES OF DEATH?	
7	0.00	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	٧	COUNTY	STATE
		22a. certify that (1) (this hospital saw the deceased also on above, (1) (we) (did (idid not))	9/24 10	0 -	and that in (my) our) apinion	death occurred an the date	and have		tha (II)(we) last causes stated
		226. SIGNATURE William h	n Musse	10		MEDICAL STAFF		22c DATE	
/		WILLIAM M	· Russell		2521 WO	ishing ton &	ind	Balt	MD. 21230
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	238 LOCATION CITY OR TOWN	22	COUNTY	STATE
		UNERAL DIRECTOR Duda	9-23-87 -Ruck Funeral E Wise Ave. Dunda		of Dundalk 250. DAT	Baltimor TE REC'D. BY REGISTRAR 2 24 1987	b. REGISTI	aryland RAR'S SIGNAT	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

SEP 24 987 July July July Land

deoth. Page 4 may be

rate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that it-retained by the haspital or attending physician.

and completely filled in by the funeral director, page 3 ages 1 and school be filed within 72 hours after death

pers. Poges 1

injury, or other

TO FUNERAL DIRECTOR. After this certificate has been signed by it should be detached for use as the burial-transit permit. Then please it with the State Dept. of Health and Mental Hygiene prior to burial, cre IMPORTANT: If them 21 is marked or them 18 shows pay injury, or other them.

STATE	OF	MARYLAND	
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DEPA

ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE		1	REG.	NOZ	5	0	
LAST	20	DATE	OF	DEATH	MONTH	DAY	YEAR	

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	0 /	2 5 0	1 3	
Ж	DECEASED NAME FIRST	AA	IDDLE	LAST	REG. NO		EAR 2b HO	VI ID
ľ	(TYPE OR PRINT) Eliza		Mary	Brim	9/5/87			00р м
	3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDE	ER 24 HRS
ı	female	white	1 1 40	31 YEAR 19	68	YRS	DAYS HOURS	MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF W	WHAT COUNTRY? 8 MARR WIDOV	IED NEVER MARRIED VED NORCED	9. BALTIMORE CITY OF Baltimore			MD.
	Tows on	(IF NOT IN SUCH	OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) 5701 North Ch	OR OTHER INSTITUTION	120 USUAL OCCUPATION IN THE PROPERTY OF WORK FOR MOST OF RETIRED PROPERTY OF THE PROPERTY OF T	on 12b. KI working life) INDUS none Opera	IND OF BUSINGSTRY	NESS OR
		ROTHER INSTITUTION, C		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 10205 A. S		Place	21030
1	Frank	J.	Mulvihill	15 MOTHER'S MAIDEN NA Rose	WE	Ca	arroll	
t	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	SS		
	(16 YES, G	VE WAR OR DATES)	200-05-4476	Anne E. Brim	, 700 Camber	cley Circl	e 2120)4
F	18 CAUSE OF DEATH (Enter o	nly one cause per l	ine for (a), (b), and (c).1			BET	PPROXIMATE INTE	ERVAL ID DEATH
1	PART 1. DEATH WAS CAUS	EĎ BY. ITE CAUSE (0)	Bladder care	inoma			vears	
	underlying cause last PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THI				IIT ION GIVEN IN PA	RT 11a	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [190 DATE OF OPERATION 196 CONDITION FOR WHIC			200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES []	INDINGS USE USES OF DEA	ATH?
1	00 000 000 000 000 000	ATH HOUR A.A	M. MONTH DAY YEA	R	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE C	ET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUN	TY	STATE
	220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	1	19 8/	ond that in (my) (aur) apinion	, 10		, 11101 (11	
1	Power 22d PHYSICIAN'S NAME (TYPE	a 1/2	Islade 1	10 ATTENDING PHYSICIAN [MEDICAL STAF	F J Q	15/8	7
	Lawrence		1.D.	22e ADDRESS G.B.M	I.C. Hospital			
T	230 BURIAL CREMATION, REMOVA			CEMETERY OR CREMATORY	234 LOCATION	COUNTY		STATE
	Burial	9-9-87	Parkwo	od Cemetery	Parkvill	le. Balto.	_Marv1	
	24 FUNERAL DIRECTOR Ruck Towson Fune	ral Home	105	250. DA	TE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIG	SHAP IRE	Life.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	sue luit.						
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MELO AT MARK							
TAXA!				444			
Mar esta							
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DEPARTMENT OF HEALTH AND MENTAL HYCIENS

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0	7	2	5	1.3	
0		REG. NO	~	-	

- STATE REGISTRAR			ou Ann	CERTIF	ICATE OF	DEATH	8 /	REG. N	102	5) [
DECEASED NAME	FIRST	M	IDDLE	l	AST		20 DATE C	OF DEATH	MONTH	DAY	YEAR	2b HO	UR
(TIPE OR PAINT)	George	2	H.	Br	inkley	V			9	3	87	4	: 50%
3. SEX	4 RA			5 DATE C			6 AGE IN	YEARS LAST B	RTHDAY)	# UND	DER I YEAR	IF UNDE	R 24 HRS
MALE		WHITE	3	3	26	VEAR 08	7	9	YRS		DAYS	HOURS	MIN.
To BIRTHPLACE (STATE C	OR FOREIGN 76. C	ITIZEN OF V	VHAT COUNTRY?	8	D NEVER		9 BALTIM	ORE CITY	OR COUN	TY OF D	EATH		
OHIO		U.S.A.		WIDOWE		NORCED	BA	LTIMO	RE CC	UNTY	,		MD
0. CITY OR TOWN OF D	# (IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INS	TITUTION		LOCCUPA ORK FOR MOST MAN		LIFE) IN	KIND O DUSTRY		INC.
USUAL RESIDENCE (# NI 130. STATE MARYLAND	136. COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	13d INSIDE C	NO [13e STREET 1010	ADDRESS JOH			21229)	
4. FATHER'S NAME	WIDDI		LAST		15 MOTHER	S MAIDEN NA	AME	WIDDLE			LAS.	т	
GEORGE	H.		BRINKI	EY		ETHEL		MIDDLE			BES		
160 WAS DECEASED EV	ER IN U.S. ARMED		166 SOCIAL SECU	IRITY NO.	17 INFORMA	ANT		ADDI	RESS	-			
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OK DATES)	216-01-5	649	MABLE	H. BRI	INKLEY	1010	JOH	AVE.	21	229	
Conditions, if or gove rise to i couse (0), sto underlying cou	mmediate ting the	(b) DUE TO, OR	AS A CONSEQUE	ENCE OF									
	GNIFICANT CONE	DITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEA	ASE OR CO	NDITION	GIVEN IN	PART 110	0	
190. DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES [TOPSY?			RE FINDIN CAUSES		ATH?
OR COLUMNIA TO	CAUSE OF DEATH	21b. TIME OI HOUR A./ P./	M. MONTH DA	AY YEAR		NJURY OCCUR	RRED (ENTER	NATURE OF IN:	IURY IN ITEM I	IS PART I O	R PART 2)		
(IF EITHER NOTIFY M. 21d. IN JURY OCCU WHILE NOT AT WORK AT WORK		TIE PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	APPLET I	ZH LOCATE	^{он} 2		9/2	CSP .	2	DUPHTY		STATE
saw the dece	(II (this hospital) g losed alive on) (did) (did not) vie	2/1/	ofter death	1.0	nd that in (my) (our) opinion	death accur	red on the	date and h	nour ond		,	(we) lost toted
22h SIGNATURE	mon	7			DEGREE	ATTENDING /	MEDICA	L ST DR PHYS	AFF ICIAN []	2	121. DANE	SIGNED	>
274 PHYSICIAN'S	NAME THE OF THE	201	- 12h	600	220. ADDRE		11/2	dr	200	10	21	15	al

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages fand 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shaws ony injury, or other troumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

ar attending physician

retained by the hospital

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, (SPECIFY) CREMATION, REMOVAL 9/5/87 BURIAL

HUBBARD FUNERAL HOME.

THAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY

23d LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND COUNTY

24 FUNERAL DIRECTOR

FOR

SEP -

21229 4107 WILKENS AVE

ADDRESS

INC.

SEPO4

STAT			

E OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CEKTIFI	CATE OF DEATH	REG. NO	0. 2	5 1		
	1. DECEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	-
	(TYPE OR PRINT) Wil	liam H	Tayden	Br	itton	Septembe	er 16	1987	5:54a,	A
9	3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		_
	Male	Whit	e	Jan	9 1925 YEAR	62	YRS	MONTHS DAYS	HOURS MIN.	
Ŋ	70. BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
	SouthCarolin			WIDOWE	D DIVORCED	BAltin	nore (County	WD).
7	10. CITY OR TOWN OF DEAT	Frankl	in Square	HOSP	rother institution	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired— (12b. KIND (INDUSTRY Engi	of Business or neer	
Š	USUAL RESIDENCE (IF NURSII 130. STATE Md.	NG HOME OR OTHER INSTITUTION 13b. COUNTY Balto.	13c. CITY OR TOWN ESSEX		150 []	13e.STREET ADDRESS. 408 Kath	zip con ner inc	e Ave.	21221	
7	14 FATHER'S NAME A.	H. E	Britton		Willie	WE	В	arrs '^	ST	
ĺ	160 WAS DECEASED EVER I	N. U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECUR		17 INFORMANT	ADDRE		-01 01	407	
	110		257-22-3	443	JessiePolloc	KJr.1664WOC	atre			_
	18 CAUSE OF DEATH PART I. DEATH WA	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY:						BETWEEN	ONSET AND DEATH	-
		IMMEDIATE CAUSE (0)							incost !	-
		DUE TO, OR AS A CONSEQUENCE OF						100	2010	
	gove rise to imm	gove rise to immediate							2	-
		couse (a), stating the underlying couse last.								
	PART 2. OTHER SIGN	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMANAL DISEASE OR CONDITION GIVEN IN PART THE								=
	o newhole	won tack	yeardic	7, C	Aronic Ober	tuctive p	who	onary	OU 400	5
	19g DATE OF OPERAT	196 DATE OF OPERATION 196 CONDITION FOR WHICH			WAS PERFORMED	70e AUTOPSY?		ES, WERE FINDS		
5	RIL			7		YES NO		ES 🗍	NO 🗌	
	0.000.000.000.000.00	110110 1	of injury .m. month da	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	BI MATI MI YE	PART I OR PART 2]		
	(IF EITHER, NOTIFY MEDIC	ALEXAMINER) P.	.M.	19						_
		(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	AT WORK AT WOR		an decembed from	3/	10 7 (- KA-PC	COL	10	Alica di Arichelia	_
	sow the decease	220.1 certify that (1) (this harpital) attended the deceased from 19 7, and that in (my) (and opinion death occurred on the date and hour and from the causes stated								
	22b. SIGNATURE	obove, (1) (yet (did (did not) view the bod) of the did the							-	
	6.0	ATTENDING MEDICAL PHYSICIAN DIRECTOR PH						9/	17/8	7
	226. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e ADDRESS			-	6	-
	Dr. Eric	Weisbrot			406 Easter	n Blvd. Bal	Lto. I	Md. 212	21	
	23a BURIAL, CREMATION, F	REMOVAL 236. DATE			EMETERY OR CREMATORY	238. LOCATION		FOUNTY	STATE	-
	Crematio	n 9/17/	/8/ Se	curit	yProcessInc.	Balt	more	MAryla	nd	
	24 FUNERAL DIRECTOR ConnellyFun	eralHome 300	MaceAve.	2122]	SEP	RIC BBY 987 RAR	25) 16605	AND ICH THE STATE OF	INTE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MAPORTANT: If Hem 21 is marked or Hem 18 show

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201	U
	6
	6
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Poge 4 may be	3
retained by the haspital ar attending physician.	3
	3
i	1
with the State Dept. of Health and Mental Hygiene prior to gurrell more on an emerge.	

STATE OF MARYLAND

1	REG. NO.	5	J	
1	REG. NO.	-	0	

22	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE / REG. NO. 2	5010		
	DECEASED NAME FYEDE	erick	P. BROO	KS	September 17, 1	.987 YEAR 25 HOUR 3:50p M		
3.	SEX	4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	Male	White			82 YR	s		
70.	BIRTHPLACE (STATE OR FORE COUNTRY) Maryland	ON 76 CITIZEN OF	A. WHAT COUNTRY? 8 MARR	IED NEVERMARRIED	Baltimore Coun			
	CITY OR TOWN OF DEATH ESSEX	Frankl	HOSPITAL, NURSING HOME CHFACILITY, GIVE STREET ADDRESS) IN Square Hos	pital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN BUS Driver	126 KIND OF BUSINESS OR INDUSTRBaltimore Transit Co.		
13	Maryland I	HOME OR OTHER INSTITUTION COUNTY Baltimore	130. CITY OR TOWN Arbutus	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 4821 Carmella	Drive 21227		
14	FATHER'S NAME FIRST Jefferson	n MIDDLE Davi	s Brooks	Miranda	WIDDLE	Parker		
160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	215-09-3646	Frederick I	ADDRESS R. Brooks 4821 (21227 Carmella Dr.		
	PART 2 OTHER SIGNIFI	the ost. OUE TO, C	OR AS A CONSEQUENCE OF	JT NOT RELATED TO THE TERA	minal disease or condition	GIVEN IN PART TO		
CEBTIEL ATION	19a DATE OF OPERATIO	N 196 CON	DITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? 206 IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO		
		SE OF DEATH HOUR A	OF INJURY A.M. MONTH DAY YEA P.M. 19	R	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)		
IACOICA!	AT WORK	(AT HOME S	OF INJURY TREET, FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	220.1 certify that X (the saw the deceased above, X (we) (did)	270-1 certify that X (this hospital) attended the deceased from September 17, 19, 87 to September 17, 19 sow the deceased alive on September 17, 19, 87 obove, A (we) (did) (did not view the body after death.						
,	278. SIGNATUR	toda	·	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 9 17/87		
	Joseph Ka	plan, M.D.		9000 Frankl	lin Square Drive	21237		
23	BURIAL, CREMATION, REA	236 DATE 9/21		cemetery or crematory on Park Cemete	CITY OF TOWN	COUNTY Mary l'and		

DHMH - 16 60M 7/84

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, and

24 FUNERAL DIRECTOR (VRA 15, 4)

ADDRESS 21229 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A second frames of the distribution and SEP 21 1997 September

064786 SEP-	18	FOR STATE REGISTRAR			DEPART		EALTH AND I		IENE
oth be	1. DE	CEASED NAME	osen	sephine	Vi rgi	inia	AST Brook	KS	2a DAT
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SE	* Female	0	4. RACE White	e	S. DATE (DAY	YEAR 1893	6. AGE
death. Page		RTHPLACE (STATE OR	FOREIGN	- :	WHAT COUNTRY?	8.	D NEVER A		9. BALT
the d with	10 €	Virginia ITY OR TOWN OF DE Towson	ATH	11. NAME OF	HOSPITAL, NURSII	NG HOME	OR OTHER INST		120. UST (TYPE OF Die
BALTIMORE, MARYLAND 21201 cole be executed within 24 hours of your ond completely life. In by open Person ond completely life. In word. wol. it, the medical examines man and it, the medical examines man and the medica	130 S	AL RESIDENCE JIF NUR STATE aryland	13b COU		GIVE RESIDENCE BEFOR	VN	13d. INSIDE C	ио 🔀	13e.STRE
MARYLA mpletely ond 2 s	1	dward		Dorse	ey Whi	ttle	15 MOTHER'S	S MAIDEN NA FIRST CE	ME
be executed on and come of the second come of the s		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	216-32-		17 INFORMA Mary		yder
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG PHYSICIAN: The low requires that the death certificate for this certificate has been signed by the attending physics on the burial-transit permit. Then please remove carbompore than and Mental Hygiene prior to burial, cremation, or removal arked or tem 18 Movis any injury, or other troumatic event, it	N	Conditions, if ony gove rise to im couse (a), state underlying coust PART 2 OTHER SIG	mediote ng the e lost	(b) DUE TO, O	R AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	ECTERO SENCE OF		ARD 10 TO THE TERM	VAS
F VITAL RECOR! IAN; The fow rec physicion. ificate has been ificate has been diffugiene prior it all Hygiene prior it all Safowls any in	CERTIFICATION	190 DATE OF OPERA		196. COND	ITION FOR WHICH	H OPERATIO			20a A
DIVISION OF VITAL R ATTENDING PHYSICIAN; The 1s spirol or attending physicion. ICTOR: After this certificate hos of for use as the buriot-transit per 1 of Health and Mental Hygiene in of Health and Mental Hygiene in 21 is marked or them 18 skowls.	MEDICAL CE	OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE [] NOT W AT WORK AT W	CAUSE OF DE	ATH HOUR A. R) P. 21e PLACE	M. MONTH D M.	AY YEAR 19 FARM. ETC)	211 LOCATION IN STREET	IJURY OCCUR	KED (ENT
DR ATTENDI hospitol or INRECTOR: A thed for use then 21 is m		220.1 certify that (I sow the deces) (this hosp sed olive or	n -	S+ 3/19			(our) opinion	death ace
TO HOSPITAL Cretained by the TO FUNERAL Dishold be detax with the State DimPORTANT: #			. Ale	xander,			22e. ADDRES	Stella M	laris
RP RP		BURIAL, CREMATION	, REMOVAI	9/8/			thedral		23d t

6 ger FH 9/9/87 Kam

STATE OF MARYLAND

3. SE	-		KACE-	4	MONTH	DAY YEAR	O. AGE (IN TEAKS LAST BIRTHO	MONTHS DAYS	HOURS MIN.
	∵remale .	-	White		Oct.	25 1893		YRS.	
	RTHPLACE (STATE OR F	FOREIGN 76		WHAT COUNTRY	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR		7
	, Virginia			ISA	WIDOWE				i)
10 €	ITY OR TOWN OF DEA	(TH / 11		OSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
1511	Towson	Ly of or	Stella	Maris H	soiges		Dietician		pital
	STATE	136 COUNTY		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	ZIP CODE	D. 1
	aryland	Baltii	more	Tows	n	YES NO 🔀		ney Valley	Rd.,21204
14, FA	ATHER'S NAME	AAIF	JOOLE	LAST		15 MOTHER'S MAIDEN N			451
E	dward		Dorse	1111	ittle	Alice	Ellen	Mc	Donald
	VAS DECEASED EVER			166 SOCIAL SE	URITY NO.	17_INFORMANT	ADDRESS	31	042
- "	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-32-	-2552	Mary C. Si	nyder, 4014 S	Springmead	low Dr.
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (0), (b),	and (c).1			APPRO BETWEEN	NONSET AND DEATH
100	PART I. DEATH W	MMEDIATE		End	8-	tage L	ementia		
				R AS A CONSEO	HENCE OF			1.	ESTERNA
	Conditions, if ony,	which	10,00	RTERIN -	4	tic CARDIO	VASCULAR C	Zisence)	
	gove rise to imm	nediote) (0)		- Unahan	ere crires	7.,500.00		
	underlying couse		DUE TO, OF	R AS A CONSEO	UENCE OF				
			(c)						
z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CC	ONTRIBUTING 10	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	l (a
MEDICAL CERTIFICATION	19g DATE OF OPERA	TION	TIBL CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FIND	INGS HISED
5	198 DATE OF OPERA	ION	190. CONDI	TION FOR WHIC	.H OFERATIO	N WAS PERFORMED	4. 1	N CERTIFYING CAUSE	S OF DEATH?
F							YES NO	YES 🗌	NO 🗌
S	210. ACCIDENT WAS UND		HOUR A.	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	N ITEM IB PART I OR PART 2)	
S	(IF EITHER NOTIFY MEDI		P./	M.	19				
0	21d. INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
\$	WHILE NOT WH	HILE	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, EIC]	JIACE ,			
	220.1 certify that (I)) ottended the	e deceosed from	Aug	UST 1 19 8	6 to Seat	2 19 87	. that (I) (we) lost
	sow the decease above, (I) (we) (c	ed olive on	Augu	ST 3/19	0. 1	nd that in (my) (our) apinio	n death occurred on the date	and hour and from th	e couses stated
	226. SIGNATURE	1	0.			DEGREE			E SIGNED
	Carl	a A.	lile	Land	leid	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 9	112/87
	22d. PHYSICIAN'S NA					22e. ADDRESS		4	1
	Carla S	. Alex	ander,	M.D.		Stella	Maris Hospice		
23n F	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	······································	
	Burial	4.	9/8/8			thedral Cem.	- CIEV OR TOWN	COUNTY	Md ^{ATE}
24. F	UNERAL DIRECTOR	Martin	2	2 m		25a D.	ATE REC'D. BY REGISTRAR 25		
	Martin D.	Lawson	10	N. Pado	nia Rd	., 21093 SE	PO3 1087 Ad	lie Deviden-R	andelle
<u> </u>		_u 11 301	., 10			7 - 100	70 301 4		-

2b. HOUR

87

BP____ DHMH - 16 60M 7/84 (VRA 15, 4)

		1.	Litem 16b,	FIlmG63	1 9/1/87	PRARTMENT OF	HEALTH	AND MENTAL H	YGIENE				
		-	STATE tell	7 0-631	by in MED	DICAL EXAMI	NER'S	ERTIFICATE O	F DEAT	H REG	NO.	1 1 3	5
639	30 AUG	27	RZMINT)	FIRST		MIDDLE		LAST	20	DATE KNOWN	X	DAY YEAR	26 HOUR
	E SERVE	3.5EX	14. RA	Michae!	DATE OF BIRTH			S, Jr.		DEATH MATED	□ 8-2	2-87	2d HOUF
	STS TE	1.3E	1. 1. 1.		MONTH DAY	YEAR LAST BIRTH	DAY) MONT	HS DAYS HOURS		DATE ONOUNCED DEAD	8_22_	27	7:13
	A ALD		RTHPLACE (STATE OF	B	11 16 76. CITIZEN OF WH	60 26 AT COUNTRY?	10	IED NEVER MARRI	9	BALTIMORE CITY	OR COUNTY	OF DEATH	N
	出版品を	FO	REIGN COUNTRY)		11.5	Α	WIDOV		2000	Baltimo	re Cour	ity	ME
-	SHARES OF THE SHARES	M, CI	TY OR TOWN OF DI	ATH	II. NAME OF HOSE	PITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	12a USUAL	OCCUPATION (JSINESS
	304930	1	Towson		St. Jose	ph Hospita	al			K DRIVER		BOND TR	ANS.
11201	ANY DELAN		L RESIDENCE (IF IN P TATE MD	131 COUNTY		136. CITY OR TOWN		13d. INSIDE CITY LIMITS? YESX NO		EDGE PA	חע אם	21230	
19	New	M.F	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE	IKIK IKU	LAST	
(#	25 BEN	V	MICHAEL			BROOKS		MARGARE	T			EARLY	
1	2 500 7		VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARME		166 SOCIAL SECUR			Brooks	5818 ADDRE		DD ADT	
BAL	SPEAN STANK		NO	71145		219-84-1	495	MARGARET	CANAG	5218 EDG	E PARK	APPROXIMATE	
15	NK 18		PART I DEATH			for (a), (b), and (c).)	inries					BETWEEN ONSE	T AND DEATH
STO	AND PER PROPERTY PROP	7	8160	IMMEDIATE	DUE TO, OR	AS A CONSEQUENCE	OF						11.5
788	ANS ANS		Canditians, if gave rise to		(b)								
W.	A CAMEN		cause (a) statis		DUE TO, OR	AS A CONSEQUENCE	OF					-	
55	DE PROPE		PART 7 DINER SIGNIFIC	INT CONDITIONS CO	(c)	NIT NOT BELIATED TO THE TE	DMINAL DICEAS	E OR CONDITION GIVEN IN PA	AT 1				
DIVISION OF VITAL RECORDS	RETRICATE SHOULD BE EXI ING THE WORD "FENDING DE TO THE CHEE MEDICA SHOULD BE USED AS A B EPARTMENT OF HEALTH PRICATO BURIAL, CREMA	Z	TAKE 2 OTHER STORING	(III CONDITION) <u>CO</u>	WINDS IN OUR IN	OF NOT RELATED TO THE TE	AMINAL UISEAS	E OR CONDITION GIVEN IN PA	KI I I G				
, R.	TERNAP T	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OP	RATION V	AS PERFORMED?				20 AUTOPSY	?
VITA	38	E										YES 🗶	NO [
ő	ANT SAN A		210 EXTERNAL CA	KOR		MONTH DAY YE	AR	OW INJURY OCCURRE	D LENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PART	2)	
SION	SHIRCATI NG THE V SHOULD PARTME PROR TO	MEDICAL	CONTRIBUTING	CAUSE OF DE	2:40A	M 8-22 18		ver lost-c	contro	and vel	nicle o	verturr	ned
DIV	A SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	M	WHILE NO	T WHILE	street, FACTO	ORY, FARM, ETC.)		th Raven Bl		TWORTOWN	cour		STATE
	STANKET			- 0		e ved abave, held an					and in my api		
	MACH CEN	1	death resulted in	/ W /	4-1			Hamicide .],	nati	
	NAME OF STREET	1	ACTUAL	1/1	118t			TITLE (SPECIFY)					
_	SET SET SE	1	SIGNATURE	MA	" A 11	V	A	.D. Assistant	MEDICA	AL EXAMINER	SIGNED	8-22-	87
517	O MEDICAL EXAMINER. 1 GCUTE THE CERTIFICATE, 100 E 4 SHOULD BE FORW OF FUNERAL DIRECTOR. 10 NIER DEATH WITH THE STATIMORE, MARTICIAD.		EXAMINER'S NAM	E Cha	rles P. H	Kokes, M.D		ADDRESS	enn St	.,Baltim	ore,MD	21201	
	524549	23a.B	URIAL, CREMATION			23¢ NAME OF C			23d LOCA	OWN	COUNT	Y 51	TATE 1D
07/84 25M	BP	24 F	BUR UNERAL DIRECTOR	IAL	8/26/87	CEDAR	HILL (EMETERY -	REC'D BY RE	INEARUNDE	CISTRAR'S SK		ID
	DHMH - 17 (VR A15 ME (5))			H F/H.	INC. 110	1 E. NORTH	AVE		251			Pondas	57
	(/ !! 9	1.101 110	_ ~ 11011111	717 % 8			U		1	/

AUG 2 5 1987

DHMH - 16 60M 7/B4

(VRA 15, 4)

ector. page 3

230 BURIAL, CREMATION, REMOVAL

Elime Funeral Home

Burial

24 FUNERAL DIRECTOR

236. DATE

Sept. 24,87

1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF HEAL	F MARYLAND LTH AND MENTAL HYGII ATE OF DEATH	IENE REG. NO	o 5 0)
(TYPE	EASED NAME FIRST	MIDDLE	BR	Own	9-2.	1-87	d	3/0 m
3 SE>	Female	race	5 DATE OF BII	100	6 AGE (IN YEARS LAST BIRT	YRS MONTHS	DAYS HOUR	IDER 24 HRS
	COUNTRY	CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL, NURSING	WIDOWED	DIVORCED	9 BALTIMORE CITY OF	County	IND OF BUS	MD.
R	Candalstown of Death Landalstown ALRESIDENCE OF NURSING HOME OR OTH	(IF NOT IN SUCH FACILITY, GIVE STREET A	TY GR	en' 1 Hosp.	Housew 1			1453 0
13a. S	Md. Balto		town 13d	MOTHER'S MAIDEN NAM	131 STREET ADDRESS /	r Rd. 211	36	
	John G.	Sprinkle		Mary	MIDDLE	Turnba	uġħ	
	WAS DECEASED EVER IN U.S. ARMEE (YES, NO OR UNKNOWN) (IF YES, GIVE WA			rs. Fannie M	. Blum Rei	sterstown		
	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	BY.	chik	a Abene	OCANCIN	om A BET	APPROXIMATE IN	AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENT (b). DUE TO, OR AS A CONSEQUENT (c).						
NOI	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN PA	RT 1:0	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION W	VAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES [AUSES OF D	
MEDICAL CER	?1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19	I (. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PA	ART 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA		II LOCATION STREET	CITY OR TO	WN COUN	114	STATE
	22a I certify that (I) (this haspital) sow the deceased alive on	ottended the deceosed from 19 T	7 , ond ti	that in (my) (our) opinion d	eath occurred on the de	ate and hour and Ira		li (we) lost s stoted

DUE TO. Conditions, if ony, which (b)_ gove rise to immediate couse (o), stating the DUE TO: underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS 19a DATE OF OPERATION 19b CON 21a. ACCIDENT WAS UNDERLYING 216 TIME HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLAC (AT HOME NOT WHILE 22a I certify that (I) (this haspital) attended saw the deceased alive on 9-2 sow the deceosed alive on the body ofter death. 220 DATE SIGNED 226 SIGNATUR DEGREE

22e ADDR

23c. NAME OF CEMETERY OR CREMATORY

Dover Cemetery

Reisterstown, Md. 21136

ATTENDING

PHYSICIAN

MEDICAL

23d LOCATION

STAFF

Reisterstown

Balto. Co. Md

DIRECTOR PHYSICIAN

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and a religious first party of the contract of the party.

	31 M	IL OL W	WELL	AITU	
DEPARTMENT	OF	HEALTH	AND	MENTA	L HYGIEN

066235 SEP	1818	FOR 7STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE REG. N	2 5	0 5	4
be oge 3		CEASED NAME OR PRINT)	FIRST		MIDDLE -	B	RYANT	20 DATE OF DEATH	16, 8	Y YEAR	12 50 M
tor po	3 SE	x Female		4 RACE Whit	. 0	5 DATE (DAY YEAR	6 AGE (IN YEARS LAST BII	RTHDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
Pognie Hours		RTHPLACE STATE OR FO	DREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
deorth deorth	7	Maryland			S.A.	WIDOW				ty	MD.
by the		andallstown	/	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	neral Hospit	TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY Domes	
MARYLAND 21201 ed within 24 houre mpletely filled in by and 2 should be the	130.	AL RESIDENCE (IF NURSING STATE	IS COUNTY	OTHER INSTITUTION	GIVE RESIDENCE BEFO 13c. CITY OR TOV Woodsto	RE ADMISSION) NN	13d. INSIDE CITY LIMITS?			load 21	1163
MARYLA and within mpletely and 2 sh	13)F	Jeff		MIDDLE	Livesay	,	15. MOTHER'S MAIDEN N			Piero	ī
BALTIMORE, A cope be execute systical and corpores. Pages of vol.		VAS DECEASED EVER II YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	217-14-	URITY NO.	17. INFORMANT	ADDR	ESS	11010	
W. PRESTON ST., of the death certific by the attending ph se remove carbonia cremation, or remo	NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate the lost.	DUE TO, O DUE TO, O (b) DUE TO, O	R AS A CONSEQUENT R AS A CONSE	JENCE OF		RMINAL DISEASE OR CON		N IN PART 1:0	0
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the offending physicion of the this certificote has been signed by the order of the buriol-transit permit. Then plea the and Mental Hygiene prior to buriol, orked or them 18 these and injury, or or orked or them 18 these and injury, or or or the properties of the order them 18 these and injury, or or or the order them 18 these and injury, or or or the order them 18 these and injury, or or or the order them 18 these and injury, or or or the order them 18 these and injury, or or or the order them 18 these and injury, or or or the order them 18 these and injury, or or or order them 18 these and injury.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOT	206 IF YES, V IN CERTIFYII YES	NG CAUSES	
N OF VITAL SICIAN: The ng physicio certificote h riol-tronsit entol Hygies them 18	4	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF MEDIC	AUSE OF DEA	HOUR A.	FINJURY M. MONTH (M.	OAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM TO PART	T (OR PART 2)	
IVISION UG PHYS ottendin ter this of ss the buy h and Me	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	LE []		OF INJURY REET FACTORY OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
OR ATTENDIN on Enoporation of DIRECTOR At orded for use of orded for the of the office		22a.1 certify that (1) (sow the decease above, (1) (we) (d. 22b. SIGNATURE	d live on	tol) ottended the	after death.	87',0	DEGREE	on death occurred on the c		224 DATE	SIGNED
PITAL by th by th ERAL e det Store	-	22d PHYSICIAN'S NA	ME (TYPE C	R PRINT)	Loren	ماعد	220 ADDRESS	MEDICAL STA		_	6-87
O HOSI		GHASSI			MOTA!			Co. Ganes	al flo	apel.	ul .
BP	230	BURIAL, CREMATION, F	REMOVAL	236 DATE 09-18-	-87 G:	NAME OF C		urch Glenwoo			MD
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	14.	Kalie	ADDRESS SJ. W.L.E.	MO	250 C	EP 1 8 1987	255 REGISTR	COLORS	Rudaes)

AIGHT FIH. SYKESUILLE, MD

065356 SEP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7 REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10 C	13 .	3 1
1.0	DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH O	AY YEAR	26 HOUR
(1)		arah		J	B	ilriman	Scoters	les c	F381 F	515 AA
3 5	SEX	4.	RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS BAST B	RTHDAY	F UNDER 1 YEAR	IF UNDER 24 HRS
	+		W		MONT	DAY YEAR	80	YRS.	ONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8		9 BALTIMORE CITY	1.11.00	OF DEATH	
11)	JAPY/HALL	d.	US	A	WIDOWI	D NEVER MARRIED DIVORCED	RAItima	vo 1 /1	aunit	/ MI
10.	CITY OR TOWN OF DE	ATH 1			URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OF
1	Towson		S T	JOS	EDD +	Hospital.	Telephone			G. & E.
US 13e	UAL RESIDENCE (IF NUE	ISING HOME OF OT	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	ospinia.		-	1	
	MD	Balti		Balti	more	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 12504 Jeru	salem I	Rd. Ki	ngsvil
14.	FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			and 210
	Charle		DDLE	Carr		Margare	middle t .Ta	ne Park	cer Es	ler
16a	WAS DECEASED EVE	R IN U.S. ARMI		166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDI		CCI DS	TEL
	NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR OATES)	216-56		Charles A. B	urman 1132	Tavlo	r Dd	
		711.5			-5667D	Street	Maryland 2	1154		MATE INTERVAL
	18. CAUSE OF DEAT PART I. DEATH V	WAS CAUSED	BY:	h -1	allmora	or Accest			BETWEEN	INSET AND DEATH
		IMMEDIATE	C/1002 (0)							
	1100000		DUE TO, 9	RAS A CONS	SEQUENCE OF	11.12			100	
1	Conditions, if any		(b)	Thou	scleloti	- Heart Dis	3002			
	gove rise to im		DUETO	DACA CONIC	SEQUENCE OF					
	underlying caus		100210,0	K AS A CONS	SEQUENCE OF					
	PART 2. OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBLITING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF COL	IDITION CIVE	NI INI DADT 1	
Z				0	- 10 0011111 001	THE TENNE	WAL DISEASE ON CO.	ADITION GIVE	IN IN I ART INC	
CERTIFICATION	19a DATE OF OPERA	NOITA	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
ΙĔ	FEE LED						YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
18	71a. ACCIDENT WAS UN	DERLYING	216. TIME C			21c HOW INJURY OCCUR				
	OR CONTRIBUTING				DAY YEAR					
MEDICAL	71d. INJURY OCCUR			M. OF INJURY	19	211 LOCATION		1	V-10-	
N N	WHILE NOT W				FFICE FARM, ETC }	STREET	CITY OR T	OWN	COUNTY	STATE
г	AT WORK AT WE	ORK -								74-1-1
1	220.1 certify that (I		1) attended th	e deceased f	() -7	19.87	, to	11	981,1	that (I) (we) la
1	sow the deceo above, (1) (we)	sed alive on (did) (did not) :	view the body	ofter death	19_8/	nd that in (my) (our) opinion	death occurred on the o	lote and hour	ond from the c	couses stated
	226. SIGNATURE	^	0			DEGREE		-	22c DATE S	SIGNED
	CHIA	1 D	sickle		1	ATTENDING PHYSICIAN	MEDICAL STA		9-0	27
4	22d. PHYSICIAN'S N	AME ITYPE OR	RINT)		\	PHYSICIAN [_ DIRECTOR _ PHISI	CIAINIA		1-01
10	E.1	0	. 0			SIT		1.1		
-	Uthan	Sove	Ples			JA JOSK	ins Hospi	tal		
23a	BURIAL, CREMATION SPECIETY Burial	, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
_			9-11-8	1	St. John	n's Cemetery	Ellicott	City		Mary
	FUNERAL DIRECTOR			400	DECC	25a SA	E MEC'P. BYREGISTRA	256 REGISTR	ARIS SIGNATU	JRD Jan
J	ohn C. Mil	ler, In	ic., 64	15 Bel	air Rd.	21206	0 130/	Juna	Der ofter	- Kandass

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

BP

FOR

STATE OF MARYLAND

25022

752 SEP 18	87	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO. 2	2205
100000	I. DEC	CEASED NAME FIRST	MIDDLE	LAST	DATE OF DEATH MONTH	DAY VEAR 26 HOUR
deoth deoth	(TYPE	WALTER	H.	BUSCH	. 09-	11-8711150
2	3. SEX			5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor. p	-	race u	14 , 45	DUNE 19, 190	4-83- YRS	MONTHS DAYS HOURS MIN.
000			IZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
(43)	1.7	USST CIST MANY	1.5.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	COCILITY MD.
P	10. CI			NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	176 KIND OF BUS NESS OR
X	6	ALTIMORE S	NOT IN SUCH FACILITY, GIVE STREE	+ HOSPITAL	TOOL MAKE	
most be	13a. S	RESIDENCE (IF NURSING HOME OR OTHER I TATE 13b, COUNTY APPLAND BALTO	NSTITUTION GIVE RESIDENCE BEFO 130 CITY OR TOY PAIRLY		13e STREET ADDRESS / ZIP COD	ARFORD RD.
力量力	14. FA	THER'S NAME	LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
-		BERNARD	BUSCH	WILHE	LMINA	KROHN
medico		VAS DECEASED EVER IN U.S. ARMED F		-9702	FAMILY RE	CORDS
emovol.		18 CAUSE OF DEATH (Enter only one				BETWEEN ONSET AND DEATH
event,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	ISE (O) CARDI	AC ARREST		15 MIN
		Conditions, if ony, which	UE TO, OR AS A CONSEQUE	HENCE OF TWEAK	CTION	3 DAYS
iol, cremotian, arrian or other troumotic		gove rise to immediate couse (a), stating the underlying couse lost	UE TO, OR AS A CONSEQUENCE (c) CORONA		SEASE	YEARS
mrt. Then p prior to bur any injury,	CERTIFICATION			DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED		VEN IN PART TIO S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Mental Hygiene jar Item 18 shamp	Ĭ					ES NO
I 00	E		IB. TIME OF INJURY HOUR A.M. MONTH I	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM TB	PART (OR PART 2)
ced or Item	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
orked or 1	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF AL WORK	e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Health is mork		22a.1 certify that (1) (this haspitel) at	tended the deceased from	9/3 19 3	7 10 9/11	19.87 , that 11 (we) lost
oched far us Dept. af He f Item 21 is		sow the deceased afre on	9/11 19	87 , and that in (my) (our) opini	ion death occurred on the date and ho	ur and from the causes stated
Dept. o		obove, (I) (we) (did) (did not) view 22b. SIGNATURE	the body ofter deoth.	DEGREE		22c. DAJE SIGNED
- F		Quiel B Vo	1100 -	MD ATTENDING	MEDICAL STAFF	19/11/87
Z-		27d PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS	- DIRECTOR DIFFITSICIAN	11110/
MPORTANT		DAVIN PEA	RSE	855 6	LEN ALLEN I	DA BALT 21229
with the State D	23a:4			NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
	1	TEMATION A	9-15-1987 (RPSNMOUNT CE	M. BAITIMOTO	13 CITY STATED
	24 F	INERAL DIRECTOR		25a. l	DATE REC'D. BY REGISTRAR 256 REGIS	
5 60M 7/84 15. 4)	E	VANS CHAPES	2 OF MASS	noicies s	EP 1 5 1987	undern Rendalls

Nove:

Walter Brooks Bradley, Inc. Balto., Md. 21222

DHMH - 16 60M 7/84

(VRA 15, 4)

67031	SEP :	29	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MEN FICATE OF DEA		ENE REG. N	2 5	0 2	الم الم
			CEASED NAME	FIRST		MIDDLE		IAST		26 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
y be			Russ	ell		Murray	CAR	R		September	24, 29	87	8:00p M
4 may be to page 3		3. SE	Male	ľ	4. RACE		5. DATE (YEAR	6. AGE (IN YEARS LAST BIR	IHDAY] M	ONIHS DAYS	HOURS MIN.
Page directe			RTHPLACE (STATE OR		white	WHAT COUNT	DV2 9			9 BALTIMORE CITY O	YRS	OF DEATH	
eoth.	55	Ва	Lto., MD		USA		WIDOW		CED 🗆	Baltimore	County		MD.
s after by the 1	-0/	Ros	TY OR TOWN OF DEA		Frankli	in Squa:	re Hosp	or other institut ital	TION	USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE PROPE	ON F WORKING LIFE) LOS.	INDUSTRY	Steel
24 ho	35	13a. S MD	AL RESIDENCE (IF NURS STATE	13b COUN' Balto	TY	13c. CITY OR 1		13d INSIDE CITY L		13e STREET ADDRESS A		Balto	21206
ed within 24 moletely fille	280	14. FA	THER'S NAME AF thur	~	AIDDLE	Car	r	15 MOTHER'S MA				Carter	1
executed ond comp	edical		VAS DECEASED EVER		MED FORCES?	166 SOCIAL S	ECURITY NO.	17_INFORMANT		ADDRE	SS		
be e	emavol. event, the me	1	lo			212-09-	-1482	Dorothy	E. Ca	rr, 606 Dal	e Ave.		mate Interval
requires that the death	r to buriol, cremation, or injury, or other troumatic	NO	Conditions, if any, gove rise to improve (a), statin underlying couse PART 2 OTHER SIGN Hypotensic	nediate ig the lost.	DUE TO, O	ONTRIBUTING	QUENCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
he low on. hos ber	ows any	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORME	D	206 AUTOPSY?		WERE FINDIN	
Physical Hand	I &		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT			DAY YEAR	21c. HOW INJURY	Y OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT I OR PART 2}	
PHY endi	olth and Me marked or t	MEDICAL	21d. INJURY OCCUR!	HRE 🗍		OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TENE TOR	He is		22s. I certify thatXI) sow the decease aboveXI) (we) (c	(this hospite ed alive on did) (dXXX	ol) offended the Septemb	ne deceased from 24 1 ofter death.	Septer 87	nber 21 19 nd that in (my) (our	7	to Septembe eath occurred on the do			that X (we) last couses stated
ITAL OR by the ho RAL DIRE	with the State Dept. of		22b. SIGNATURE	~	SWS	m	mg	DEGREE ATTEM	NDING SICIAN [MEDICAL STAI	F IAN	120 DATES	51GNED - 4187
O HOSPI etained b TO FUNE	MPORTA		Denise Jo	seph,	м.Ф.	V				n Square Dr	ive 2	21237	
BP		E	URIAL, CREMATION, SPECIFY) URIAL	REMOVAL	23b. DATE 9-26-8			of Faith		23d LOCATION CITY OR TOWN Balto.		COUNTY	MD
DHMH - 16 ((VRA 1:			neral director hn C. Mill	er, I	nc., 64	15 Bela	air Rd.	, 21206	"SEP	28 1987	25) RECUSTR	AR'S SIGNATH	Hill

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low

oges 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbanpapers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

065690

STATE OF MARYLAND

EPART	MENT (OF HEA	LTH	AND	MENTAL	
	CER	TIFIC	ATE	OF	DEATH	

87	FOR STATE REGISTRAR	24.0	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. N	0)	5 0	2 5
	CEASED NAME FIR	i T	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Gla		Mildred		ANDLER	September	11	1987	5:1
3. SEX	emale	4. RACE Whi	te	Aug.	9, DA 1916 YEAR	6. AGE TIN YEARS LAST BIR	YRS		F UNDER 2
	ATYLAND	76 CITIZEN OF	.A.	MARRIEI WIDOWE	NEVER MARRIED D	Baltimore city of Baltimore			
R	TY OR TOWN OF DEATH	Fra Fra	nklin Squ	are Ho	ospital	120 USUAL OCCUPATION OF CONTROL OF WORK FOR MOST CONTROL OF CONTRO	F WORKING	LIFE) INDUSTR	OF BUSINES
130 5	AL RESIDENCE (IF NURSING H STATE 13b Maryland 1	one or other institution county saltimore	GIVE RESIDENCE BEFORE OLIVER BEFORE		13d INSIDE CITY LIMITS? YES - NO X	13e.STREET ADDRESS 7343 Green			21220
I4 FA	THER'S NAME Howard	MIDDLE	O'Donne	ell	15. MOTHER'S MAIDEN NAM	UNKNOWN		in d	AST
160 W	VAS DECEASED EVER IN U	S ARMED FORCES?	16b SOCIAL SECTION 401.20.4		17 INFORMANT Clare 1 National I		-	•	
	Canditions, if any, whi	ch (b)_	Hypotens	Sion.	ary Arrest bilateral effi	usion/hemot	horax	x	
ICATION	Canditions, if any, wh gave rise to immedic cause (a1, stating to underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, Control (c)_ ANT CONDITIONS CONTROL (c)_ at diabete	Hypotens ORAS A CONSEQU Coronary Contributing to	JENCE OF JENCE OF V Arte DEATH BUT US, hy		ongestive h	eart DITION C	failur	DINGS USED
CAL CERTIFICATION	Canditions, if any, when gave rise to immedia cause (a1, stating to underlying cause later PART 2 OTHER SIGNIFIC Adult answer	DUE TO, C the he h	DR AS A CONSEQUE Hypotens DR AS A CONSEQUE COYONARY CONTRIBUTING TO S MEllitu DITION FOR WHICH OF INJURY	JENCE OF JENCE OF V Arte DEATH BUT US, hy	bilateral efforms of the term pertension	Ongestive h INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{YES} \)	eart DITION C 20b. IF Y IN CER	Failur GIVEN IN PART YES, WERE FINI TIFYING CAUS YES	DINGS USED ES OF DEATH NO
MEDICAL CERTIFICATION	Canditions, if any, where the cause (a1, stating in underlying cause let the cause (b) cause let the cause (b) cause let the cause (c) cause	DUE TO, C the he be	Hypotens OR AS A CONSEQU COYONARY CONTRIBUTING TO S MEllitu DITION FOR WHICH OF INJURY A.M. MONTH D	JENCE OF Y Arte: DEATH BUT JS hy H OPERATIO DAY YEAR 19	bilateral effury disease, convolved the term pertension	Ongestive h INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{YES} \)	20b. IF Y IN CER	Failur GIVEN IN PART YES, WERE FINI TIFYING CAUS YES	DINGS USED ES OF DEATH NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked online

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			ichic oi p	EATT.	REG. N	10) in		fra.	
	I DECEASED NAME FIRST	WIDDLE	L.	AST		M. DATE OF DEATH	MONTH	DAY "YEAR"	26 HOUR	_
	Sarah		ntine Cha			g vila		20 87	8:50	A
	3. SEX	4. RACE	5. DATE C		YEAR	6. AGE IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS MIN	
e i	Female	White	1	10	1900	87	YRS.			
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU		NEVER A	ARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
-	Maryland	U.S.A.	WIDOWE		ORCED	Baltim	ore Co			AD.
)	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)	R OTHER INST	ITUTION	120. USUAL OCCUPAT		126 KIND O INDUSTRY	F BUSINESS O	R
200	Dundalk USUAL RESIDENCE (IF NURSING HOME O	6607 Woods I	Pkwy.				Homen	naker		_
	13a. STATE 13b. COU	NTY 13c. CITY OF	RTOWN	13d. INSIDE CI		13e STREET ADDRESS				
1	Maryland Bal	timore Dunc	dalk	YES	MAIDEN NAM	6607 Woods	s Pkwy	7./21222		_
	FIRST	MIDDLE			IRST	MIDDLE		LAST		
	Edward Ha	ayes McKi	Inney NO		tie	Verland	CV	Ric		_
	(YES, NO OR UNKNOWN) I'F YES, GI	VE WAR OR DATES)		17. INFORMA		ADDR	Einth	nicum He	ights,	Md
	No		1/4922	Donald	McKin	ney /707 W.	. Mapl		21090	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)			1 1	- 0.		2. (1	BETWEEN	MATE INTERVAL INSET AND DEATH	1
	IMMEDIA	TE CAUSE (o)	man	Ara	3 130	verse o	wx			_
		DUE TO, OR AS A	SEQUENCE OF	Chun	1- 14	aher- Tre				
	Conditions, if any, which gave rise to immediate	(b)	viii	Choop	uu	nomany				_
	cause (0), stating the underlying cause last.	DUE TO, OR AS A CON	SEOUENCE OF		Lu	intructure my mis	inst			
	DART 2 OTHER CLOSURE CAN	(c)				7/				_
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED	TO THE TERMI	NAT DISEASE OR CON	IDITION GIV	VEN IN PART I o		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	VHICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?	20b IF YE	S, WERE FINDIN	GS LISED	_
	ĬĔ					YES T NOT	IN CERTIF	FYING CAUSES	OF DEATH?	
	210. ACCIDENT WAS UNDERLYING			21c HOW IN.	URY OCCURRE	ED (ENTER NATURE OF INJU			МОП	-
	00.000.000.000.00		H DAY YEAR							
	OR CONTRIBUTING CAUSE OF BE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATIO	N					-
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	STREET		CITY OR IC)WN	COUNTY	STATE	
	220.1 certify that (I) (this hosp	ital attended the deceased (from Man	4.87	19	to June		10 87	hat (I) (we) la	
	saw the deceased alme or	June		d that in (my) (our) opinion di	eath occurred on the d	ote and hou	,		31
	221 SIGN AT THE	view the body ofter death.	3	EGREE				22c DATE S	IGNED	_
	Dawrul	1. m. 18	noul	A	TENDING HYSICIAN	MEDICAL STA	FF CIANI			
1	774 PHYSICIAN'S NAME THE	Peners O	1	22e ADDRESS				1		
	E. JAK	LES SKIU		Fran	ui Su	oct ky	und	Chr.		
	23a BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF CE	METERY OR C		123d LOCATION				=
	Cremation	9/21/1987				y Baltimore	Mar	Tand 2	STATE COC F	
	24 FUNERAL DIRECTOR				25g DATE	REC'D. BY REGISTRAR	256 REGIST	IRAR'S SIGNATU	IZUZ IRE	-
	Walter Brooks Bra	adley, Inc. Ba	Ito., Md	. 21222	SEP		whice De	vidour-Man	SARW.	1

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SEP 22 TO SULLIVE TO

STATE OF MARYLAND

HYGIENE

DEPART	MENT	OF	HE	ALTH	AND	MENTAL
	CE	RTI	FI	CATE	OF	DEATH

8	1	REG. N	10.2	5	0.	27
2a DA	EOF	DEATH	MONTH	DAY	YEAR	26 HOUR
	0	2-7	- 2-	7. 8	7	122 1

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	10.2 5	0 2	7
	DECEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY		h HOUR
1	HARI	27 1	~ .AX C	HEC	KOWAY	ارع دی	. 27, 8	57	12 10 M
3.	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI			IF UNDER 24 HRS
M	IALE	WHI:	re	MA	y 29°, 1915°	72	YRS	UA13	MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
M	IASS.	USA		WIDOWE		BALTIM	IORE COU	NTY	MD.
1	CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET MORE COUN	ADDRESS)	N. HOSP.	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST PURCHAS IN		INDUSTRY	BUSINESS OR RONICS
13		OR OTHER INSTITUTION UNITY ALTO.	BALTIMO	N	13d. INSIDE CITY LIMITS? YES NOT	130 STREET ADDRESS 6975 BROOK	AZIP CODE MILL RD	#212	215
14	FATHER'S NAME ISAAC	MIDDLE CHI	ECKOWÂY		15 MOTHER'S MAIDEN NAM SARAH	WE		FABÉŘÍ	MAN
16		ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU			ESTHER CH	ECKOWAY		
F	NO 18 CAUSE OF DEATH (Enter		215-14-		1 6975 BROOKM	ILL RD. BA	LTO.,MD		21215 ATE INTERVAL ISET AND DEATH
		(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	LINAL DISEASE OR CON	ndition Given	IN PART 110	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
	OR COLUMNICATION CALLES OF	DEATH HOUR A.	DF INJURY M. MONTH DI M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
	OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF CURRED CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF LIFETHER CAUSE OF L	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a.l certify that (1) (this has sow the deceased live abave, (1) (we (did)) (did	on say	. 27, 19 9	,	nd that in (my) (aur) opinion	deoth accurred on the c	date and haur o	nd from the ca	
	276. SIGNATURE	Don	Lator		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	9-2	7-87
1	224 PHYSICIAN'S NAME (TYP				22e ADDRESS	1	^		C 0
	GHA33EM	10001	NOTABI	350	Ballo.	Co. G.	rend	Kogu	764
23	Sa. BURIAL, CREMATION, REMOVA	AL 23b. DATE			EMETERY OR CREMATORY	23d LOCATION	MODE	COUNTY MAID	UT ANTY

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT, # 8

SOL LEVINSON & BROS. INC. RSTOWN RD. BALTO., MD 212 74 FUNERAL DIRECTOR SOL LEVING 6010 REISTERSTOWN RD.

190 1 190 1 190 August 190 .

	1					STAT	OF MARYLAND						
	1,	FOR			DEPA	RTMENT OF H	EALTH AND MEN	TAL HYGI	ENE				
065991		STATE REGISTRAR				CERTIF	CATE OF DEA	TH	0 1	0 1	- 1	23	
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moy moy	3. SE	X		4. RACE		5. DATE C			6 AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER I Y		
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# 25 25		COUNTRY)				MARRIE	NEVER MARE			_			
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xecu nid co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL S	SECURITY NO.	17 INFORMANT		AD	DDRESS			
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ned ned uric y, o		PART 2. OTHER SIGN	VIFICANT C	ONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR C	ONDITION (GIVEN IN PAR	Ilo	
sig There to b	Z	Conel	mil	val	cula	1 Hon	ombo	cic	177	SOM			
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os bi	1 2	no	. 0							IN CER	TIFYING CAU	SES OF DEAT	H ₃
The great of the house	E	710. ACCIDENT WAS UND		1 21b. TIME C	or is a supply		To Howen		YES NO	and a	YES	NO [
AN:		OR CONTRIBUTING	_	110110		DAY YEAR	ZIC HOW INJURY		ED (ENTER NATURE OF	INJURY IN ITEM 1	8 PART OR PART	2)	
IYSICIA ding pl is certif buriol:t Mental	18	(IF EITHER NOTIFY MEDI			M.	19	no	ac	ader	N			
his his	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY	ice time the	211 LOCATION		CITY	ORTOWN	COUNTY		TATE
Orten orten the the stand	>	AT WORK NOT WH	PK	(AT HOME STI	REET, PACTORY, OFF	ILE PARM EIC)	314621						
DIN Or Aft		220.1 certify that (1)		tal) attended th	e deceased fro	m 1470	. 19	0	to geo	F-14	1087	, that (l) (w	wel last
H P P P P P P P P P P P P P P P P P P P		sow the decease obove, (1) (we) (c							eath occurred on th	e date and h			
AT OSP		obove, (I) (we) (c	lid) (did no	t) view the body	olter deoth.		DEGREE					ATE SIGNED	100
OR DEF		1 5	381	01.5	1 71/4	1		NDING _	MEDICAL	STAFF	Ill D.	ATE SIGNED	7
TO HOSPITAL reroined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: if		1	/LE	ulox	J VVP		PHYS	SICIAN I	DIRECTOR PHY		14-	-14-	8/
OSPI ed b UNE Id be the Si		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT}			22e ADDRESS			1000			134
HOSI bound b bould b		Charle	S E.	Ellicot	t M.D.		11	34 Vo	rk Rd.				
5 5 5 4 3 X	23n I	BURIAL, CREMATION,		236 DATE		31 NAME OF C	METERY OR CREM		23d LOCATION				
0.0		Crematio			/87		ew Cemete		Balt	Ö.	COUNTR	alto. 51	IATE Md
BP	24 5	UNERAL DIRECTOR	711	1 1		1,000/1							
DHMH - 16 60M 7/B4	24 F	NAME			ADDRE	55	21204	1 1 1	REC'D. BY REGISTE	CAR ZSB REG	ISTRAR'S SIGN	TATURE	
(VRA 15, 4)	1	Ruck Towso	n Fun	eral Ho	me. Inc	1050	York Rd.	SEP	1 6 1987	Julia D	condum.	andres	

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and Braon Emeral long, co. 1050 grit to.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

065303 SEP 1	187 FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	13 "3	G. N2 5	0 2	4
	I. DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEA		DAY YEAR	2b HOUR
0 en 9	(TTPE OR PRINT)	KENN	ETH	L.	CH	REST	SEPTEM	BER 9.	1987	A M
6 89	3. SEX		4 RACE		5. DATE		6. AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
4 940	Male		Whi	te	Jun	e 12, 1918	69	YRS.	ONINS. DATS	HOURS MIN.
4 4 0 M	JE BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN O	WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
V1 1 15	Maryla	nd	U.S	.A.	WIDOWI		Baltim	ore Cou	inty,	MD
人们 对对人	10 CITY OR TOWN O			HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCU	PATION SOST OF WORKING LIFE	126 KIND O	F BUSINESS OR
5)	21204		1419	Provider	nce R	d. 21204	Inspec			al Govt
2 2 2 3	USUAL RESIDENCE	IF NURSING HOME O	ROTHER INSTITUTIO	134. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / ZIP CODE		
AN STATE	Maryland	Ba1	timore	2120	04	YES NO X	1419 P	roviden	ce Rd	. 2120
ま はからか	14. FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DLE	LAST	1
i i told				Chrest		Helen	Na	aomi	Chre	est
A 5 5 7 7	160 WAS DECEASED		RMED FORCES?	16b. SOCIAL SECI	URITY NO.	17. INFORMANT	A	DDRESS		21204
MI P C P	Yes			I214-14-	-0201	Flora A. C	hrest 1	419 Pro		
BAL open	I CAUSE OF	DEATH (Enter o	nly one cause p	er line far (a), the a	nd igit ,	0 +		100	BETWEEN C	MATE INTERVAL
The part of the pa	PART I, DE	ATH WAS CAUS IMMEDIA	TE CAUSE (o)_	Lan	dear	cerear	7 (E)		20	Men
N S PS S P	-		DUE TO,		ENCE OF	mark				2 1160
deor deor		f any, which	(b)_	1020	esses	TOUR			710	syes.
that the d by the place can place can		a immediate stating the cause last.	DUE TO, (OR AS A CONSTOL	ENCE OF	MIXG	ABG: -	- (a)	29/8	7)
ORDS, 20	NO					NOT RELATED TO THE TERM				
At RECO	196 DATE OF C				H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	- hand	OF DEATH?
OF VII	OR CONTRIBUTION	VAS UNDERLYING [IG CAUSE OF DE FY MEDICAL EXAMINE	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18 P.	ART 1 OR PART 2)	
DIVISION OF NO PHYSICIA of the Cart on the burnol- th and Metrol onked or them	21d INJURY O	CCURRED	21e. PLACI (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CIIA	ORTOWN	COUNTY	STATE
O NO TO	THE STATE OF THE S	773	pital) attended :	the deceased fram.	6/1	187 19-	ta9	18/87	19	that (1) Iwe) last
THE STATE OF THE S	saw the c	leceased alive or	9/2	187 19	, a	nd that in (my) (aur) apinion	death occurred an t	the date and hour	ond from the	couses stoted
A P P P P P P P P P P P P P P P P P P P	22b. SIGNATU	(we) (did) (did n	at) view the bod	offeydeath.		DEGREE		150	22c. DATE	SIGNED
0 + 0 90 ±	+	+81.b.	sacion_	100		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	9-	9-87
A 50 0 A 1	22d. PHYS LIX	T'S NAME (TYPE	OR PRINT)			22e ADDRESS	Z PIKECION [] II	II SICIAN [,	,
A the track	Jo	HN J. M	ESSINA,	M.D., P.	Α.	7401 Osler I	Or., Tows	on, Md.	21204	
5 5 5 5 1 3 1	23a. BURIAL, CREMA	TION, REMOVA	L 23b. DATE			LEMETERY OR CREMATORY	23d LOCATION			
BP	SPECIFURIA	L	SEPT.			EY VALLEY M	EM. GAR.	BALTIM	ORE C	O., MD
	24 FUNERAL DIRECT	OR				25a DA	EP 9 RE 19		RAP'S SIGNAT	
DHAM - 16 60A 7/84 (VRA 15/4)	WILLTAM	E. JO	HNSON	8521 LÖ	CH RA	VEN BLVD.	DEP 9 19	Of Julia	harans.	Surgemen

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbanapapers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the man

0652

9 SEP IC

by the funeral director, p filed within 72 hours after

within 24 hours ofter death. Page

STATE OF MARYLAND

1	- STATE	DEPA		EALTH AND MENTAL HYG	IENE		
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0 5 0	3 0
	DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	AONTH DAY YEAR	26 HOUR
1 -	TYPE OR PRINT) ELIZAE	BETH H.	CLAW	ISON	SEPTEMBE	R 7, 1987	3:00P M
	SEX	4 RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTI	MONTHS DAY	
	Female	White	Feb.		72	YRS	S HOURS MIN.
70	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
	Pennsylvania	U.S.A.	WIDOWE		Baltimo	re County	, MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
	21234	1862 Loch S	Shiel F	Rd. 21234	Admin. As		versity
13	JSUAL RESIDENCE (IF NURSING HOME OF 13b. COUT			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
		cimore 21	.234	YES NO XX	1862 Loch	Shiel Rd	. 21234
114	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST
		arle Hollyd		Margaret			tchie
16	(YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)		17 INFORMANT	ADDRE		
L	No	212-07	7-1045	Holly C. Ba	azarnick S		
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b)	, and (c).	1 1		BETWEE	OXIMATE INTERVAL
1		TE CAUSE (0)	eart	Sailine			
		DUE TO, OR AS A CONSE	OUENCE OF				
	Conditions, if ony, which gove rise to immediate	(b)		1 18 3 5 5 6			
L	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF				
		(c)					
1		conditions contributing	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	110
	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIND	DINGS USED
1					YES IN NOI	IN CERTIFYING CAUS	
- 1	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR			
	OR CONTRACTOR CALLES OF OF		DAY YEAR	The state of			
1 3	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOV	VN COUNTY	STATE
13	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE FARM, ETC 1	STREET	CHACKIOA	N COOKII	STATE
		nital) attended the deceased fro	om	, 19	, to		, that (I) (we) last
	saw the deceased alive or			nd that in (my) (aur) opinion	death occurred on the da	te and hour and from t	ne causes stated
	22h. SHOPEDINE	12/100	//	DEGREE		22c. DA	TE SIGNED
1	1 harls	> Wiffere	tor	ATTENDING PHYSICIAN	MEDICAL STAF		-8-81
1	THE PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
Г	Charles B.	Marek, Jr. M	1.D.	9712 Bela:	ir Road S	uite #100	1256-3200
23	30. BURIAL, CREMATION, REMOVAL		36. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	CO114-1-1	13.25
	CREMATION	\$EPT. 9,'87	GREEN	MOUNT CEME	THE DV	MORE, MAR	RYLAND
	4 FUNERAL DIRECTOR	4Done	66		E REC'D. BY REGISTRAR	SH REGISTRAR'S SIGN	Mandall
	WILLTAM E. JOH	HNSON8521 LOC	CH RAVI	EN BLVD. SI	EPU 9 1987	Julia Davidson	

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

		PIAIR	Or m	AKIL	AND	
DE	PARTMENT	OF H	EALTH	AND	MENTAL	HYGIE
	CE	RTIF	CATE	OF	DEATH	

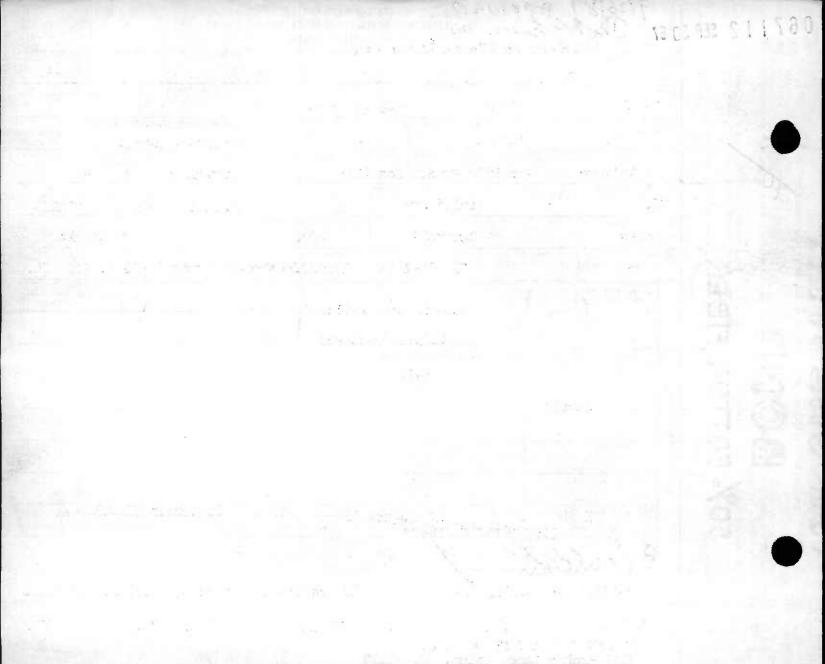
70	TEGISTRAR				6	REG. N	0, 0	- 0	~	
	ECEASED NAME FIRST	MIDDL		AST	20 (DATE OF DEATH	MONTH,	DAY	YE AR	26 HOUR
	LEAH	I I	· CI	OMAN	16	1	09_	24	87	1:30a
3. SE	X	4 RACE	5 DATE (6 A	GE (IN YEARS LAST BIR	THDAY	MONTHS	DAYS	IF UNDER 24 HRS
	FEMALE	WHIT			96	91	YRS			
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	D NEVER MARRI	FDXX 9 B.	ALTIMORE CITY O	R COUNT	Y OF DE	ATH	
	MARYLAND	U.S.A.	WIDOWE			BALTIMORE	COUN	YTY		W
10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME (OR OTHER INSTITUTION		USUAL OCCUPAT			KIND OF	BUSINESS OR
	CATONSVILLE		K VILLA NURS	ING CENTE		OURT REP				OF MD.
	STATE 136 COU		RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIA	AITS 2 112.5	STREET ADDRESS	/ 7IP COD	VE.		
			CATONSVILLE	YES NO		29 WHITF			21	228
14. F	ATHER'S NAME		1.44	15 MOTHER'S MAIL	DENNAME					
);	ELMER EL	SWORTH	CLOMAN	ANNIE		MIDDLE		W	HITE	
	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT		ADDR	ESS MA	RYLA	ND 2	1225
4	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	20-44-4906	LOIS ANK	EWITZ	3800 3rd				OKLYN
	18 CAUSE OF DEATH (Enter or	aly one couse per line	for salulbi, and ici. 1	1 5	111	1		81	APPROXIM	NATE INTERVAL
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (b)	Arteressele	otre Card	W Vaco	ulan Du	elous		nt	7
	IMMEDIA		A CONSTOURNS OF	- and	aded	Jacken				
	Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENCE OF	· ceps	ecuri,	, source				
	gove rise to immediate	(b)		/	-					
	couse (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUENCE OF							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	PIRITING TO DEATH BUT	NOT PELATED TO TH	HE TERMINAL	DISEASE OR CON	DITION G	IVEN IN P	ART 100	
NO	TAKE OF EKOOM TOAT	containent <u>conti</u>	NOOTH OF OUR PROPERTY OF	. TO TREE TO TO	TE TERMINAL	DISEASE ON CO.	01110110		7407 710	
CATI	190 DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	2	0 AUTOPSY?		ES, WERE		
FIE					Y	ES TI NOTY		IFYING C	AUSES C	DF DEATH?
CERTIFI	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY			1		PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR							
DIC	214 INJURY OCCURRED	21e PLACE OF II		211 LOCATION					UNITY	STATE
MEDI	WHILE NOT WHILE AT WORK	(AT HOME STREET F	ACTORY OFFICE FARM, ETC)	STREET		CITY OR TO)WN	COL	JNIT	STATE
	220.1 certify that (I) (this hosp	ital) attended the de	ceosed from 6 -	29- 19	85	10 9-	21	19 8	7 1	hot (I) (we) las
	sow the deceased-aline or	7-23-	1987.0	nd that in (my) (eur)	op inion death	occurred on the d	ote and ho	our ond fr		
10	22b, SIGNATURE	thé body offe		DEGREE				1220	DATE	IGNED/
	- (Y/)	Van 1	100	ATTEN		EDICAL STA			9/1	24/87
	274 PHYSICIAN SNAME ITH	when OA	1 10.20	PHYSIC 22e ADDRESS	7	RECTOR PHYSE	LIAN []		1000	200
	/	TTDD	/		SUITE :		DATES	TMODY	/ 212	
0.2	DR. HARRY KI		22	5411 OLD			BALT.	LMOKE	MAI	RYLAND
230	BURIAL, CREMATION, REMOVAL	and the same of th		EMETERY OR CREMA		3d LOCATION CITY OF TOWN	70	COUNT	MODE	MADNE
24.5	BURIAL	09/26/8		AWN CEMETE		WOODLAWN				MARYLA
24 1	NAME LERBY M &	RUSSELL C	WITZKE FUNE	RAL HOMES	SEP	2.0 1097	Julia	Jen S	dess.	Randale
	1630 EDMON	DSON AVE.	CATONSVILLE	MD 21228	JLI 4	3 130/	0	-		

DHMH - 16 60M 7/84 (VRA 15, 4)

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	7	187 STATE OF	0500	meren	LA S	CERTIF	EALTH AND MENTAL F ICATE OF DEATH	8 7	REG. NO.	5 0	3 3
		DECEASED NAM	E FIRST	11/1000	AIDDIE	I II MUIT	AST	20. DATE OF E	All the second	H DAY Y	EAR 2b HOUR
oy be oge 3 deoth	1	TTPE OR PRINT)	Bert	tha	М.	CC)LL	Septem	per 25.	1987	9:10a
po ter d	3.	SEX		4_RACE		5. DATE C			ARS LAST BIRTHDAY	IF UNDER	
ertor		Female		White			16, 1914	73	1	YRS	DATS HOURS MIN
S TO	5	BIRTHPLACE (COUNTRY) Md		U.S.A		MARRIEI WIDOWE	D NEVER MARRIED		imore C		TH M
	7	Balti		A (IF NOT IN SUC	HEACHITY GIVES	URSING HOME O STREET ADDRESS) Are Hosp	ital	120 USUAL O		12b. K	IND OF BUSINESS OF
old be	3	SUAL RESIDENCE 30 SLATE Md.	(IF NURSING HOME	OR OTHER INSTITUTION UNITY	Baltin		13d. INSIDE CITY LIMITS YES X NO [223 N	DORESS / ZIP		21224
117	0	Thomas		WIDDLE	olczyńs	ski	15 MOTHER'S MAIDEN Hellen	NAME	MIDDIE	Jas}	ko'lska
2.5	2 16	WAS DECEASE		ARMED FORCES?		SECURITY NO.	17 INFORMANT		ADDRESS	422	
100	Y	(YES, NO OR UNKN	(* 123.)		214-1	12-1478A	Kathleen	Wagner (dghtr)	411 N.	Rose St.
e other move c notion, traum	1	gave rise	if any, which to immediate	(b)	Mult	iple Fra	Failure Actures				
as been signed by the other sernit. Then please remove c e prior to burial, cremation, is any injury, or other traum	2	gave rise couse (o) underlying	to immediate stating the cause last.	DUE TO, OI (c) T CONDITIONS CO	Mult.	iple Fra SEQUENCE OF Fall STO DEATH BUT		200 AUTOR	20h. IN C	IF YES, WERE F	INDINGS USED USES OF DEATH?
he has been signed by the other sat permit. Then please remones grave prior to burial, cremotion, Move any injury, or other traum	2	gave rise couse (o) underlying	to immediate stating the cause last. IER SIGNIFICAN Sensi OPERATION	(b)	Mult. R AS A CONS DITRIBUTING	iple Fra SEQUENCE OF Fall STO DEATH BUT	NOT RELATED TO THE TI	200 AUTOF	PSY? 20b.	IF YES, WERE F CERTIFYING CA YES [INDINGS USED USES OF DEATH? NO
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the this certificate has been signed by the others as the build framing permit. Then please sembles to advental trippere prior to buriou, cremation, advental trippere prior to buriou, cremation, adventaged any injury, or other traum.	0	gave rise couse (o), underlying PART 2 OTH 19a DATE OF 21a ACCIDEN' OR CONTRIBUT (IF EITHER IN 21d INJURY WHILE AT WORK	to immediate stating the cause last. SER SIGNIFICAN SERSION FICAN OPERATION WAS UNDERLYING ING CAUSE OF E	(b)	MUIT. R AS A CONS ONTRIBUTING TION FOR WI FINJURY M. MONTH M. OF INJURY OF INJURY OF	EQUENCE OF Fall TO DEATH BUT HICH OPERATIO DAY YEAR 19 FFICE, FARM ETC.)	NOT RELATED TO THE TO N WAS PERFORMED 21. HOW INJURY OCC	200 AUTOF YES	20b. IN C	IF YES, WERE F CERTIFYING CA YES EM 18 PART I OR PA	INDINGS USED USES OF DEATH? NO [] RT 2) TY STATE
To be a controlling physician and been signed by the attention was the standard by the attention as the control of the standard the standard the standard the standard of the	0	gave rise couse (o), underlying PART 2 OTH 19a DATE OF 21a ACCIDEN OR CONTRIBUT (IF EITHER NO 21d INJURY WHILE AT WORK 22a I certify saw the obove X	to immediate stating the cause last. Sensic OPERATION WAS UNDERLYING ING CAUSE OF EDITY MEDICAL EXAMINOCCURRED NOT WHILE AT WORK that XI) (this has deceased alive deceased alive of the cause of th	(b)	MUIT. R AS A CONS ONTRIBUTING TION FOR WI FINJURY M. MONTH M. OF INJURY OF INJURY OF	iple Fra SEQUENCE OF Fall STO DEATH BUT HICH OPERATIO DAY YEAR 19 FFICE, FARM, ETC.)	NOT RELATED TO THE TO N WAS PERFORMED 21c. HOW INJURY OCC. 211 LOCATION STREET 13 (m) (our) opin	200 AUTOF YES TURRED (ENTERNATE	PSY? 20b. NO X UNE OF INJURY IN 11E CITY OR TOWN	IF YES, WERE FEETIFYING CA YES EM 18 PART I OR PA COUN COUN COUN COUN COUN COUN COUN COUN	INDINGS USED USES OF DEATH? NO [] TY STATE T, thaXIX (we) Ia m the causes stated
he hospita DHECTO tached for Dept of the	0	gave rise couse (o), underlying PART 2 OTH 19a DATE OF 21a ACCIDENT OR CONTRIBUT (IF EITHER NO 21d IN JURY WHILE AT WORK 22a I certify sow the above X 22b. SIGNAT	to immediate stating the cause last. Sensic OPERATION WAS UNDERLYING ING CAUSE OF EDITY MEDICAL EXAMINOCCURRED NOT WHILE AT WORK that XI) (this has deceased alive deceased alive of the cause of th	(b) DUE TO, OI (c) T CONDITIONS CC 196 CONDI HOUR A.I. SER) P 21e PLACE	Mult. R AS A CONS DITRIBUTING TION FOR WI FINJURY M. MONTH M. OF INJURY etc., FACTORY OF becased fr after death.	iple Fra SEQUENCE OF Fall STO DEATH BUT HICH OPERATIO DAY YEAR 19 FFICE, FARM, ETC.)	NOT RELATED TO THE TO N WAS PERFORMED 211. LOCATION STREET 13. 19. 8 14 that in (m) (our) opin DEGREE ATTENDING	ZOO AUTOR YES URRED (ENTERNATU T, to See ian death occurred	PSY? 20b. IN C IN C IN OR TOWN CITY OR TOWN an the date an	IF YES, WERE F LERTIFYING CA YES LEM 18 PART I OR PA COUN COUN 25 8 d hour and fra	INDINGS USED USES OF DEATH? NO [] RT 2) TY STATE T, thaXIX (we) last
retained by the Nospital or attending physician. TO FUNERAL DHECTOR, After this certificate has been signed by the other should be detached for use as the burilla fromit permit. Then please remove with the State Dept. of Hacility and Mental Hypines prior to burilla's cremation. IMPORTANT: If hem 21 is mapped at them, 18 shows any injury, or other traum.	99	gave rise couse of the couse of	to immediate stating the cause last. SER SIGNIFICAN SERSION FICAN SPECIAL STATE WAS UNDERLYING ING CAUSE OF E DITEN MEDICAL EXAMINO NOT WHILE AT WORK that XI) (this has deceased alive of the cause of the ca	Ib	Mult. R AS A CONS DITRIBUTING TION FOR WI FINJURY M. MONTH M. MONTH OF INJURY etc. FACTORY OF a decased for ber 25 diter death.	FILE FOR AUGUST	NOT RELATED TO THE TO N WAS PERFORMED 211. LOCATION STREET 13. 19.8 1d that in (m) (our) opin DEGREE ATTENDING PHYSICIAN	ZOO AUTOR YES URRED (ENTERNATU T to Se ion death occurred MEDICAL PIRECTOR The Bridge	PSY? 19b. IN C. IN C.	IF YES, WERE FLERTIFYING CA YES COUNTY COUNT	INDINGS USED USES OF DEATH? NO ITY STATE Ty thank (we) lase methodoxidases stated DATE SIGNED

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TO HOSPITAL

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

06531

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.00	173		
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	CEASED NAME FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	YEAR 26 HO
(IIIFE		Eloise	COOK			September 8	3, 1987	4:00
3. SE)		4. RACE		5. DATE O		& AGE IN YEARS LAST BIR	THDAY) (F	FUNDER TYEAR IF UNDE
	Female	White	9	Febr	ruary 2, 1927	60	YRS.	DATS HOURS
	IRTHPLACE (STATE OR FOREIGN CONTRY) CONTRY) CONTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIA WIDOWE	NEVER MARRIED DIVORCED	Baltimore (OF DEATH
	OSSVILLE		HOSPITAL, NURSIN CHACILITY GIVE STREET / Lin Square		or other institution	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWILE		126 KIND OF BUSIN INDUSTRY HOTTE
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF STATE IN COLUMN BALT	PROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS Longer	on Driv	re 21220
14 FA	James	MIDDLE	Edmonds	1	15. MOTHER'S MAIDEN NA.			? LAST
16a W	WAS DECEASED EVER IN U.S. A	RMED FORCES?	231 24		17 INFORMANT Donald Cool	c Hu	sband	Same
No	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, C	DR AS A CONSEQUE	NCE OF	ry Arrest; Meta			
FICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, C b) DUE TO, C (c) CONDITIONS C	OR AS A CONSEQUE	NCE OF		NINAL DISEASE OR CON	IDITION GIVER	N IN PART TO WERE FINDINGS USE ING CAUSES OF DEA
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, C 16) DUE TO, C (c) CONDITIONS C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D OTTION FOR WHICH OF INJURY	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \)	IDITION GIVEN 70b. IF YES, IN CERTIFYI YES	N IN PART TO WERE FINDINGS USE ING CAUSES OF DEA NO
AL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, CO 16) DUE TO, CO (c) CONDITIONS CO 196 CONDITIONS C	OR AS A CONSEQUE ON TRIBUTING TO D OTTION FOR WHICH OF INJURY .M. MONTH DA	NCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \)	IDITION GIVEN 70b. IF YES, IN CERTIFYI YES	N IN PART TO WERE FINDINGS USE ING CAUSES OF DEA NO
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	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DETERMINE CONTRIBUTING CAUSE OF DETERMINE CAUSE OF DETERMINE CAUSE OF DETERMINE CAUSE COURSED WHILE NOT WHILE AT WORK CAUSE CAUS	DUE TO, CO (c) DUE TO, CO (c) 19b COND 19	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D	OPERATION AV YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21i. LOCATION STREET 15 14 15 16 17 18 19 10 11 11 12 13 14 15 15 16 16 17 18 18 18 18 18 18 18 18 18	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING TO SEPTEIND	20b. IF YES, IN CERTIFY! YES IN TEM 18 PAR OWN	WERE FINDINGS USE ING CAUSES OF DEA NO [RT I OR PART 2) COUNTY
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEPARTMENT OF THE CONTRIBUTION OF CONTRIBUTING OR CONTRIBUTING AUSE OF DEPARTMENT OF THE CONTRIBUTION OF THE	DUE TO, CO (c) DUE TO, CO (c) 19b COND 19	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D	OPERATION AV YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21i. LOCATION STREET 15 19 Add that in (my) (our) apinion DEGREE ATTENDING	AINAL DISEASE OR CON 200 AUTOPSY? YES	20b. IF YES, IN CERTIFY! YES OWN er 8 , 15 ate and haur of	WERE FINDINGS USE ING CAUSES OF DEA NO TO COUNTY 987, that (X) and from the causes si 22c DATE SIGNED 98-87

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 B REGISTRAR			CEKITE	ICATE OF DEATH	Q 7 REG. N	10 1	50	7 A.
1. DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MC TH	AR .	ZP HOUSE
Ann	ie Ca	atherine	Co	oke	Septemb	er 7,	1987	12/21
3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
Female White			Ap	ril 17, 1934	53	YRS.		
70 BIRTHPLACE (STATE OF FOREIGN		TIZEN OF WHAT COUNTRY? 8.		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
New York	USA	USA _w		D DIVORCED	Baltimore County MD.			
Cockeysville	1028 E	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AND 1028 Bosley Rd.			120 USUAL OCCUPATION (TYPE OF WORK FOR MOSS OF WORKING LIFE) Homemaker 12b. KIND OF BUSINESS OR INDUSTRY Homemaker			
Maryland	NE OR OTHER INSTITUTION, OUNTY Balto.	13c. CITY OR TOW Cockeys	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 1028 Bos	ZIP COD	d., Co	21030 ockeysville
James Fra	ncis Fit	zgerald,	Sr.	15. MOTHER'S MAIDEN NA	AME		Ryan "	ist
160 WAS DECEASED EVER IN U.S	. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR		4000 5	21030
No -	-	058-28-0	0976	Mr. James	F. Cooke,	SR.,		,
18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME	DIATE CAUSE (0)	Mefas fai R AS A CONSEQUE	vic	leng CAN	301		11	A CONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lass	DUE TO, O	r as a conseque						
	NT CONDITIONS <u>Co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR COM	IDITION GI	VEN IN PART 1	10,
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE ES	
		F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF MI	JRY IN ITEM 18	PART I OR PART 2)	
S (IF EITHER NOTIFY MEDICAL EXA	MINER) P.	M.	19					
4 (IF EITHER NOTIFY MEDICAL EXALTED 21d. INJURY OCCURRED	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OF TO	DWN	COUNTY	STATE
AT WORK NOT WHILE AT WORK				1/2 57	0/0		71	
220.1 certify that (1) (this h saw the electrosed alive above ((1) (we) (did) (did)			3上,0	nd that in (my) (aur) opinion	death occurred an the c	date and ho	, 19 <u>07</u> or and from the	that (1) (we) last e causes stated
22b. SIGNATURE	11/	ηD		DE GREE ATTENDING	MEDICAL STA		220 DAY	SIGNED 7
22d PHYSICIAN'S NAME (1		110		22e ADDRESS	DIRECTOR PHYSI	CIAN	17	3707
Robert Sto		•			Spring Rd.	17-1		
230. BURIAL, CREMATION, REMO Burial	9/11/8			emetery or crematory n's Long Gre	CITY OF TOWN	Balt	O. COUNTY M	d. STATE
24. FUNERAL DIRECTOR	1 1000	,, St	. 3011		TE REC'D. BY REGISTRAL			
Lemmon-Mitche	II-Wiedefe	Id, 10 W.	Pad	onia Rd. SE			Devider.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If them 21 is marked or them 18 shaws ony injury, or other troumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remave carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

654	5 2 SEP 15	87	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE REG. NO	2,503	5
·	n 4		CEASED NAME FIRST LEON	A	COR	BIN	20 DATE OF DEATH	9-12-87	26 HOUR 5:15PM
5	do, po	1. SE		1 RACE WHITE	S. DATE C	F BIRTH - 23- 15	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? B. MARRIE!	NEVER MARRIED	BALTIMORE CITY OF		VTU 40
	the state of the s	10 C	ALTIMORE	11. NAME OF HOSPITA			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KIND F WORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 212	Elled in Call be	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENTY 130. CITY	Y OR TO	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	ZIP CODE LLS Road	21152
MARYL	1930	14. F/	Charles	E. I	Naylor	15. MOTHER'S MAIDEN NA PIRST Daisey	MIDDLE	Burri	AST
IMORE,	Popes		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES? 166 SO(21'	1-26-3271	Mr. Joseph	E. Corbin	. Sparks.	Md.
1 W. PRESTON ST., BALTII	hat the death certificate by the intending physicis the sumble carbon plays I, cremination, or remayal other countable event, th		PART 1. DEATH WAS CAUS IMMEDIA Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	only ane cause per line for the ED BY: ITE CAUSE (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C	ONSEQUENCE OF	/Lungar/1	Metastatio	- discase	XWAYE INTERVAL 4 OMSET AND DEATH
205. 20	The plant	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1	ia
AL RECORDS	he for	CERTIFICATION	9a DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
N OF VIT	SICIAN T ng physic certificate certificate visol from hem 38 sh	MEDICAL CER	2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	(ATH HOUR A.M. MC	ONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
NVISIO	offer this thank the booked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	DRY, OFFICE FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
	TTENDI pital or 10 use of Heal		22a.1 certify that (1) (this has saw the deceased alive a abave((1)) well aid light			d that in (my) (aur) apinian	death accurred an the do	ite and have and from the	that (1) (we) last e causes stated
•	Al OR A the hor detached one Dept		22b. SIGNATURE	Son back		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ O	12-87
	五五 田 のの を	71	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL 9-16-87

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Falls Road U.M.Cem.

23d LOCATION
CITY OR TOWN
Sparks

Balto

Md.

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE SEP 14 1987

Eline Funeral Home Hampstead, Md

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067386

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	118	FOR 7STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. N	b. 5	0 3	Ö
		CEASED NAME FIRST	MARKET N	MIDDLE	ι	AST 6	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
		JAMES	5	Α.	-	rello	SEPTEMBER		1987	5:30P _M
	3. SE)	X	4. RACE		5. DATE C	DAY YEAR	6. AGE IN YEARS LAST BIR	[HDAY]	IF UNDER TYEAR	HOURS MIN.
4	2 00	Male	Whi		Janı	uary 13, 190		YRS.		
5		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED A	BALTIMORE CITY O	_		
and the	-	ennsylvania		· A ·	WIDOWE		Baltin			PF BUSINESS OR
2		21234	Meri Meri	dian Lo	ch R		Policema	F WORKING LIFE		
5	13a S Ma			136. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 🖔	130.STREET ADDRESS / 1840 Yal	zip code cona	Road	21234
5	14 FA	ATHER'S NAME FIRST Hugh	MIDDLE W.	Costell	0	IS MOTHER'S MAIDEN NAM	AE MIDDIE		We	ber
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
		No		213-44-	9676	Agnes T. Co	stello184	10 Ya	kona l	Rd.21234
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (o)	line for (a), (b), and	lerote	e Corenary a	letery Sca	eau	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which	,	r as a conseque	NCE OF					
4		gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF								LE P
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVE	EN IN PART 1	0
1	CERTIFICATION	190. DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20h IF YES, IN CERTIFY	, WERE FINDI	NGS USED OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.		YEAR	21c HOW INJURY OCCURR	RY IN ITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.]	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no		19	, 01	nd that in (my) (our) opinion d	eoth occurred on the de			that (I) (we) last couses stated
		Marine C-	Kourel	intei	M	ATTENDING PHYSICIAN	MEDICAL STAP		9- 3	SIGNED
	0	Marion C.		vski, MD)	8604 Harf	ord Rd.	668-7	030	
	23a E	BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		BURIAL	pct. 3	3,'87 HO	LY R	EDEEMER CEMI				RYLAND
		UNERAL DIRECTOR LLIAM E. JOH	NSON 85	521 LÖCH	RAV	EN BLVD SE	P301987		RAR'S SIGNA	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

SEP 301987 July Amendian

	2 07		lm G632 10-9-87 Sc cal home	CERTIFIC	ATE OF DEATH		~ F*	1
J 2 000	201	REGISTRAR			THE OF BEATTI	REG. NO	2 5 0 3	
w m.e		CEASED NAME DRS	T MIDDLE	LAST		O 20	DAT TEAR	26 HG
1 100		MARGARE	- ARNOLD	Cou	CH	7-29	-8+	4
1 49	3. SE	0	4 RACE	S. DATE OF B	IRTH 1904	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNO
Tree de 4		FEMALE	WHITE	JAN.	4 4987	83	YRS	
8 80 1		RTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF WHAT CO	DUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
4 22 3		LLONGIS	U.S.A.	WIDOWED		BALTIMO	RE COUNT	Y
11 (37)	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		THER INSTITUTION	170. USUAL OCCUPATIO	N 126. KIND OI	FBUSI
1 13 76	/ C	ATONSVILLE	CHARLESTOW		NT Commus			65
1 1 1	USU	LESSENCE (IF NURSING HO	OME OR OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)			71-	70
2 33 K	1				ES NO	MAIDEN HO	010	10
4		THER'S NAME	ALTIMORE CATO	10301666	MOTHER'S MAIDEN NA	ME		
1 6 7/	2	A rest	MIDDLE	LAST	FIRST	MIDDLE	LAST	
1 82-1-	11.	VAS DECEASED EVER IN U.		CIAL SECURITY NO. 17	INFORMANT	ADDRES	SHAU	ITZ
and the		(IF Y	ES, GIVE WAR OR DATES)				E	لداد
2 55 5		NO	1/3	-50-0278	THOMAS COU	CH 10613 CUL	VERENE DR. M	иD.
rifficate b a physicia angeal event, the		18 CAUSE OF DEATH (En	ter anly one cause per line for to	a), (b), and (c))			APPROXU BETWEEN O	INSET AF
			EDIATE CAUSE (0) FRSO	ivatory fail	vre		mhe	de
1111			DUE TO, OR AS A CO	ONSEQUENCE OF			510	
		Canditians, if any, whi		cy The min	Vera		110	y
2 6 2 1 2		gove rise to immedia cause (a), stating t	he DUE TO, OR AS A CO	ONSEQUENCE OF				0
the state of the s		underlying cause la	st. (c)				A SECTION AND ADDRESS OF THE PARTY OF THE PA	
1 1000		PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110	1
1000000	HICATION	A LANGE						
and and	7 3	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION V	VAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4					YES NO	YES 🗌	NO
T A T T T T T T T T T T T T T T T T T T	ER .	710. ACCIDENT WAS UNDERLYIN	110110 111 110	NTH DAY YEAR	IE HOW INJURY OCCU	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
	73	OR CONTRIBUTING CAUSE	OF OCATH	INIH DAT TEAR				
CLASS	WEDIC	21d INJURY OCCURRED	71e PLACE OF INJUR		If. LOCATION	CITY OR TOW	VN COUNTY	
dring physical and a certific burnel for them III		NOT WHILE	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC.)	STREET	CITORION	VA COUNT	
PHYSICIAN Thanding phy or the certific the burnelity and Mantality and or then I	¥							that (I)
DING PHYSICIAN or otherding phy After this certific on the burndiffic oth and Mental?	ME	AT WORK	hasnital) attended the deceas	ed from	7 10 87	10 9 - 29	19 9 7	
FINDING PHYSICIAN follow other than certific OR After the other than 11 is marked or them 11 is marked or them 11	ME	220.1 certify that (1) (this saw the deceased all	hospital) attended the deceas	ed from	. 17	, 10		
ATTENDING PHYSICIAN baptical or otherching pfly ECTOR. After this certific of for use to the burnal true of feaths and Marrial Full of Health and Marrial Full or Marked or New 1	ME	220.1 certify that (1) this saw the deceased all abave (1) we) (did (6)	0 0 0	19 87 and to	hat in (my) (our) opiniar	death occurred on the da	te and how and from the	causes
OR ATTENDING PHYSICIAN be hospital or otherding ply DRECTOR. After the certific acted for use as the bursal true Dept of Health and Martall H them 21 is marked or them 1 it marked or them 1.	ME	220.1 certify that (1) (this saw the deceased all	ve an 5- 22	19 87 and to	hat in (my) (our) opiniar DEATH GREE	death occurred on the da	te and how and from the core of A.	causes
ITAL OR ATTENDING PHYSICIAN by the houpital or otheriding pfly gillar, ORECTOR, After this certific safetyhed for use on the burnal transfer of health and Marrial Print. If here 21 is marked or frem 1.	ME	220.1 certify that (1) whis saw the deceased of above (1) we) (did (1) 22b. SIGNATURE	did not view the body after dec	oth. 19 87 and the DEC	hat in (my) (our) opinion OFA TH GREE MO ATTENDING PHYSICIAN	, 10	te and how and from the core of A.	causes
OSETAL OR ATTENDING PHYSICIAN and by the hospital or otherdring ply, UNERAL ORECTOR. After this certific to be directled for use on the burnal tritle State Dept of Recitik and Marrial! PREAML: if here 21 is marked or frem 1	ME	720.1 certify that (1) (this saw the deceased of above (1) the (did (1) 72b. SIGNATURE	did not view the body after dec	oth. 19 87 and the other of the other of the other oth	hat in (my) (our) opinion FIE DEATH GREE MD ATTENDING PHYSICIAN Re ADDRESS	death occurred on the do	te and hour and from the control of the ADAMA 27c. DATE:	SIGNE
O HOSEITAL OR ATTENDING PHYSICIAN trained by the hospital or otherdring ply. O FUNERAL ORECTOR, After this certific figured by detected for use on the burnal for with the State Dept of Health and Marrial! MODRIANT: If hem 21 is marked or from 1		220.1 certify that (1) this saw the deceased at above (1) the (1) did (1) 22b. SIGNATURE 27d. PHYSICIAN'S NAME	m. M. RUSSE	ath. 19 87 and a service of the serv	hot in (my) (our) opinion THE DEPTH GREE MO ATTENDING PHYSICIAN TO ADDRESS) MA Law	MEDICAL MEDICAL MEDICAL MEDICAL Choice	te and how and from the core of A.	SIGNE
T : " 24 V	23a.	720.1 certify that (1) (this saw the deceased of above (1) the (did (1) 72b. SIGNATURE	did not) view the body after dec	ath. 19 87 and a service of the serv	hot in (my) (our) opinion DEATH GREE MD ATTENDING PHYSICIAN TO ADDRESS NO ADDRESS NO ATTENDING PHYSICIAN TO ADDRESS TO	death occurred on the do	te and hour and from the control of the ADAMA 27c. DATE:	SIGNE

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065830 SEP	al	FOR STATE GISTRAR			CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	8 7 REG. NO	2 5	0 3	8
The least. Page 4 may be the least l	3. SE	CEASED NAME FIRST ORPRINT) HENR X NALE RTHPLACE (STATE OR FOREIGN COUNTRY) ARY AND ITY OR TOWN OF DEATH	4 RACE Whit To CITIZEN OF V U 11. NAME OF P	H FACILITY, GIVE STREET	WIDOWED G HOME OF	F BIRTH DAY YEAR 17 20 DIVORCED R OTHER INSTITUTION	6. AGE (IN YEARS LAST BIRT	MONTH DAY MOTOR COUNTY O R COUNTY O R WORKING LIFE	UNDER 1 YEAR NIHS DAYS F DEATH OUN 12b KIND OF	TO HOUR 1245 AM OF UNDER 24 HRS HOURS MIN. MD. BUSINESS OR
executed within 24 hours and completely filled in the same 2 should be interested to the same of the s	13a :	Charles VAS DECEASED EVER IN U.S. AR YES, NO, OR UNKNOWN) (IF YES GIV	MED FORCES?	Baltimor Crafton 166 SOCIAL SECU	ADMISSION) N RITY NO.	13d INSIDE CITY LIMITS? YES IN NOTE 15. MOTHER'S MAIDEN NA. FIRST ROSE 17. INFORMANT	130 STREET ADDRESS / 6121 EdLynn ME E. MIDDLE ADDRE	ZIP CODE ne Rd.	21239 armor	n 1157 estmins
w. PRESION SI., BALLIM Thot the death certificate be by the ottending physician is sost remove cortain part is, cremotion, or r other troumone		I.8. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIATED IN MEDIATED I	ly one couse per D BY: E CAUSE (a) DUE TO, OI	Cardio R AS A CONSEQUE	NCE OF	shorte shirt	m pargrel	af		MATERIAL INSET AND DEATH MATERIAL INSET AND DE
DIVISION OF VITAL RECORDS, 201 UDING PHYSICIAN: The low requires the contending physicion. Is after this certificate has been signed use as the buriol-transit permit. Then ples cells and Mental Hygiene prior to buriol s marked or them 18 staws any injury, and	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	21b. TIME O HOUR A 21e PLACE (AT HOME STR	FINJURY M. MONTH DA M. OF INJURY EET FACTORY OFFICE, F	OPERATION AY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCURI 211. LOCATION STREET 1987	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIE YES RY IN ITEM 18 PART	WERE FINDING CAUSES (GS USED DF DEATH? NO STAIL
O HOSPITAL OR ATTEN founced by the hospital O FUNERAL DIRECTOR nould be detoched for until the State Dept of H		sow the deceased live an above (1) well did had no 27b. SIGNATURE 27d PHYSICIAN'S NAME (TYPE C	PR PRINT)	0 ofter death.		22e ADDRESS	MEDICAL STAF	FIAN	221 DATES	

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

9-16-87 24 FUNERAL DIRECTOR Gary L. Kaufman 5695 Main St. ** Kridge, Md.

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Loudon Park Cemetery Baltimore, Maryland

250 DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE

Ekridge, Md. SEP 15 1987 A. Danden-Roden

23d LOCATION

1659

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ST	A	TE	OF	MARYLAND	

1 -	FOR STATE			DEPA	RTMENT OF H	EALTH AND I		GIENE	,	1 100	0 3	9
87	REGISTRAR	FinCt		ALIDOI E	CERTIF	AST -	EAIN	8 /	REG. N	MONTH.	DAY YEAR	Tay
TIYPE	CEASED NAME	Willia	m i)	MIDDLE H.	00	Crews	5	20 DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
3 SE)		iam	RACE		5. DATE C	E BIDTH		6 AGE LINYE	APS LAST BU	PEHDAVI	IF UNDER 1 YEAR	IF UNDER 24 HRS
3 3EX	airm		I ala .d	G	MONTH	DAY	YEAR		5		MONTHS DAYS	HOURS MIN.
7a BII	RTHPLACE ISTATE OR	FOREIGN 7h	CITIZEN OF	WHAT COUNT	RY2 II		21	9 BALTIMOI	9 BALTIMORE CITY OF COUNTY OF DEATH			
(a Mo		1151	A	WIDOWE	NEVER /	WARRIED _	Dalaimbur Carreta			2	M
ות כו	TY OR TOWN OF DE	ATH 111.	NAME OF	HOSPITAL, NUF	SING HOME C			120 USUAL C	120 USUAL OCCUPATION			OF BUSINESS OF
X	Towson	2.0	5 +	1058		toSDI-	tal	(TYPE OF WORK FOR MOST OF WORKING LIFE) Agent				rance
	AL RESIDENCE (IF NUR	SING HOME OF OTH	ER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIV			ITY HAUTS?				DE	
	Maryland	Baltin	nore	Timo	YES 🗌	s □ NO 🛭 303 Ivy (Church Rd., 21093			
14 FA	ATHER'S NAME FIRST	MIDI	DIE	LAST		15 MOTHER"	S MAIDEN N	IAME	MIDDLE		ŁA'	51
	George		Н.	Cre			rgare	t			chulz	
	VAS DECEASED EVER YES, NO OR UNKNOWN)	JIF YES, GIVE W	AR OR DATES)	166 SOCIAL SI		17 INFORMA			ADDR			
	Yes	<u> </u>	V 11	215-1	40-056	Mrs.	Doris	Crews,	303	lvy	Church	
	18 CAUSE OF DEAT	H (Enter only o	ne couse pe				A . 1				BETWEEN	ONSET AND DEATH
	PARTI DEATH	IMMEDIATE C		META:	STATIC	MEC	ANOM	A				
TION	PART 2 OTHER SIG		4	1865	7.							
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTO	NOX	IN CER	YES, WERE FIND I TIFYING CAUSES YES []	
	210. ACCIDENT WAS UN		216. TIME C	OF INJURY .M. MONTH	DAY YEAR	21c HOW IN	JURY OCCU	JRRED (ENTERNAL	TURE OF INJU	JRY IN ITEM T	B PART I OR PART ?)	
CAL	(IF EITHER NOTIFY MED	ICAL EXAMINER)		.M.	19							
MEDICAL	216 INJURY OCCUR	HILE	(AT HOME ST	OF INJURY REET, FACTORY OFF	ICE FARM ETC)	211 LOCATION STREET	DN		CITY OR TO)wn	COUNTY	STATE
	220 I certify that (I)				m 56	PT 12	. 19 8	, to			. 19,	that (I) (we) los
	sow the deceas above (1)(we)	did (did not) vi	ew the body	after death.	9, or	d that i (my)	(our) opinio	n death occurred	d on the d	lote and h	nour and from the	couses stated
	22b. SIGNATURE	sin t	1.	Miller	MD	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN X	220 DATE	SIGNED
	22d PHYSICIAN'S N	AME (TYPE OR PR	INT)	Es P		22e ADDRES						
	KEVIN	M. MIL	LER			762	0 400	KAD-	Tous	ON "	21204	
23a. B	BURIAL, CREMATION,	REMOVAL I	DATE	2	3c. NAME OF C	EMETERY OR	CREMATORY	23d LOCA	TION			
,	Burial	2 1	9/15/	87	Dulaney	Valle	y Mem				um°Balte	
24. FU	LANDIRE TOR	NO Clary,	ari	1	Maric	oleum	25SE				STRAR'S SIGNAL	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALT CERTIFIC AT

E OF DEATH 8 / REG. NO. 5 0 4	7
H AND MENTAL HYGIENE	1

2	UREGISTRAR			CERTIF	ICAIL OF DEATH	8 / REG. N		9	-
	ECEASED NAME FIRST	ion	M CR	OCKETT	LAST	September	5,198		5:45
3. SE	X	4. RACE		5. DATE O		6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER
	Female	Whi	ite	Aug.	6. 1920	67	YRS.	VIHS DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY	8.	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
7 V	irginia	U.S	S.A.	WIDOWE		Baltimore, Maryland			
10. C	ITY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	126 KIND OF BUSIN	
B	altimore	Frank	uch facility give street	e Hos	pital	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST -			× → →
	JAL RESIDENCE (IF NURSING HOME STATE 136, CO			* * *	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		G999	
_	irginia Ac	comack	Tangie	er	YES NO 1	_		3440) 7777	
1	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	
	Hobson	ABAIGD CORCES	Shore		Ethel	ADDRE	ec c	Wil	liam
		GIVE WAR OR DATES)			17 INFORMANT			a h a	A -
n	io no	ne	225-12-	-3128	Alva W. Crock	kett came	as 13		_
	18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	anly one cause p	er line for (a), (b), ai	nd (c)				APPROXI BETWEEN C	MATE INTE
N O	PART 2 OTHER SIGNIFICAN		sthma CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)	
S	(IF EITHER NOTIFY MEDICAL EXAMI	DEATH	P.M.	19					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	
	220.1 certify that It (this ha	spital) attended	the deceased from	eptem	per 5 1987	Septembe	er 5 19	87	that (1/2)
	saw the deceased alive above, (M (we) (did) (did)	on Septem	ber 5 19		nd that in (n) (our) opinion (death occurred on the d	ate and haur a		
13	22b. SIGNATUR	but	2		DEGREE ATTENDING	MEDICAL STA	FF /	TO DATE	SIGNED
,	22d PHYSICIAN'S NAME CITY	my-	Doan	R/	PHYSICIAN [IAN 🕝	17/5	10/
						. Causas D.	0	1007	
	Michael Bra				9000 Frankli		rive Z	1237	
230	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION		OUNTY	
1	Burial	9/9/	87 Pr	rivate	Family Cem.	Tangier	Acco	mack	V

TO FUNERAL DIRECTOR IMPORTANT: If he HMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24 FUNERAL DIRECTOR
Bradshaw & Sons

Crisfield, Md. 21817

Tangier Accomack 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND	ST	ATE	OF	MARY	LAND
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007710 251		EASED NAME	FIRST	MID	DOLE	L	AST	M. DATI	OF DEATH	MONTH	DAY YEAR	2b. HOUR
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may be poge-	3, SE	<		RACE		5. DATE O			I IN YEARS LAST BIE		IF UNDER 1 YEAR	
ge 4 mc sctor. p	1	emale		CAU.		Фитн —	8-1 1906		81	YRS	MONTHS DAYS	HOURS MIN.
Page Aire	7a B	RTHPLACE (STATE	OR FOREIGN	L CITIZEN OF WI	HAT COUNTRY?	8 AAA BDIE	NEVER MARRIED	9. BALTI	MORE CITY C		TY OF DEATH	
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oy the fu	1	OSSUITE		(IF NOT IN SUCH FACILITY, EIVESTREET ADDRESS)			ROTHER INSTITUTION	(TIPE OF	WORK FOR MOST OF	F WORKING		OF BUSINESS OR
d in b		AL RESIDENCE IF N	URSING HOME OR	OTHER INSTITUTION, GI	VE RESIDENCE SEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?				ne ne	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the conflict of the executed within 24 hours ratending physician. Wher this certificate has been signed by the internal physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by an Americal Physician prior to burial, cremation, or removed. In and Americal Physician prior to burial, cremation, or removed.	14. F/	THER'S NAME	Gol	ds bore	last)	S	15. MOTHER'S MAIDEN N		KAIDDLE)	14	
n and camp		VAS DECEASED EV		MED FORCES? IN WAR OR DATES)	66. SOCIAL SECU	603	Margaret	Bake.	R 53	7	icos Lo	me.
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p pl bomp reme			IMMEDIATI	CAUSE (0)	Entricui	iai ii	Dilitacion					
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zon ned I plea urial		PART 2. OTHER S	IGNIFICANT C	101			NOT RELATED TO THE TER	MINAL DIS	EASE OR CON	IDITION	IVEN IN PART 1	10
KDS, 2 KDS, 2 Chaires Then p r to bur injury,	NO O											
hos been me prior	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	NOX	IN CER	TIFYING CAUSE	
VITAL R. V. The l. hysician icate hos ransit pe Hygiene 118 shaws	E E	21a. ACCIDENT WAS		21b. TIME OF			21c. HOW INJURY OCCU			JRY IN ITEM 1	B PART I OR PART 2}	
ON OF A		OR CONTRIBUTING	_	HOUR A.M.		AY YEAR						
SION OF VII PHYSICIAN: ending physicians this certifical ne burial-tran and Mental Hy d or tem 18:1	MEDICAL	216. INJURY OCC		21e. PLACE OI	FINJURY		211. LOCATION		CITY OR TO	OWN	COUNTY	STATE
DING Ploor offer the as the morked	2	WHILE NOT	WHILE WORK	(AT HOME, STREE	T. FACTORY, OFFICE, I	FARM, ETC)	SIREET		CITI ON T			
VDIN Lor Use of s mo		22a I certify that	(this hospit	ol) attended the	deceased from_		ember 3, 19 8		Septemb		0 1987_	, that (we) lost
TTEN Spiro CTO For of H		sow the dece	osed alive, an .	Septemb	er 10 19_ ter death.	87_, or	d that in (viv) (our) apinio	n death acc	urred on the d	late and h	our and from the	couses stated
OR A DIREC Doched Dept.		226. SIGNATURE	0 <) 1			DEGREE	AAEDK	CTA STA	cc	22c. DAT	ESIGNED
Y the O Y the CAL D Get of Core Do VI. If I		Mich	al	Julop			ATTENDING PHYSICIAN	☐ DIRECT	TOR PHYSI	CIAN	19/	10/87
TO HOSPITAL TO FUNERAL should be dere with the Stote		122d PHYSICIAN'S	hall live of	Fulop			9000 Fran	klin	Square	Driv	e, 212	37
0 a 0 4 x X	230.	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	- 1		EMETERY OR CREMATORY	230/9	OCATION WY ORIDWN		O'OUNTY	L MATE
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DHMH - 16 60M 7/84

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(VRA 15, 4)

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CE	RT	IFICA	ATE	OF	DEATH	

į	25 E	STATE EGISTRAR			DET AITT	CERTIF	ICATE OF DEATH	REG. N	10.7)	G 0	4 :	1
I		CEASED NAME OR PRINT)	FIRST Grace		izabeth (felfrich) ullom	20 SATE OF DEATH	монтн 9	20 8	7 5:	14 P
1	3. 5EX		No.	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAY		ER 24 HRS
ı	F	Female		White			ust 4, 1907	80	YRS		3 HOOKS	Min.
ł		CONTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore County of DEATH Baltimore County,				
1		aryland		USA	1	WIDOW						
d	10 CI	TY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b. KIND	OF BUSI	MD. NESS OR
4	Cockeysville Broadme USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE R				lmead -13	801 Y	ork Road	Housewif			emak	ing
1	USUA 130. S	L RESIDENCE (# NUR TATE	13b COU		13c. CITY OR TOW		1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP.CC	DE 3OC		
1	M	aryland	Balt	imore	Cockeys	ville	YES NO NO	13e.STREET ADDRESS	k Ro	ad, F-2	, 2	1030
h	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE			LAST	
A		John	Sui	mmerfiel	d Helf	rich	Agnes			Goldsbo	proug	yh
1		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS			
1	(4	NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES	078-38-0	133	Mr. William F	Cullom,	13801	York	Road	,
ì			TH (Enter o	nly one couse per	line for (o), (b), on	die	Cockeysville	, Maryland	2103	O APPR	OXIMATE IN	TERVAL ND DEATH
I		PART I. DEATH	WAS CAUSI	ED BY:		- 1	rcom A			between	IN ONSET AL	ND DEATH
ı		IMMEDIATE CAUSE (0)										
ľ		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if any gove rise to im		(b)								
ı		couse (o), stati	ing the	DUE TO, O	R AS A CONSEQUE	NCE OF				200		
		underlying cous	e lost.	(c)_			,					
		PART 2. OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	ADITION C	SIVEN IN PART	110	
۱	ō	MYDCI	Ano.	in In	PARCE	row						
1	CERTIFICATION	19a DATE OF OPERA	NOTA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FINE		
4	F			1				YES NO	IN CER	TIFYING CAUS	NO NO	
1	E8	210. ACCIDENT WAS UP	VDERLYING [21b. TIME O	FINJURY		21c. HOW INJURY OCCURR		URY IN ITEM T		21	
1		OR CONTRIBUTING		~111		AY YEAR						
١	MEDICAL	(IF EITHER, NOTIFY MED 21d, INJURY OCCUP		P. PLACE	M.	19	211 LOCATION					
ı	ME		VHILE [7]		REET, FACTORY, OFFICE, F	ARM, ETC	STREET	CITY OR \$	OWN	COUNTY		STATE
ı		AT WORK AT WI	ORK L									
ı		220 I certify that (e deceased from_			, to			that (I)	, .,
ı			sed olive or (did) (did no	of view the body	after death.	, 0	nd that in (my) (our) apinion (death occurred on the	date ond h	iour and from t	ne couses	stated
1		226. SIGNATURE	00	0 /	-		DEGREE	MEDICAL CT		22c D.C	TE SIGNE	D
J		We	ele	710	will	0	ATTENDING PHYSICIAN	MEDICAL STA		- 7/2	4/17	-
٦		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	1		22e ADDRESS				-	100
1		Walte	er R.	Hepner,	III M.D.		3313 Paper	Mill Road	, Pho	enix, M	D 211	122
1	23a. B	URIAL, CREMATION	, REMOVAI	23b DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		-		
		Cremation		Sept. 2			ew Memorial P	k Catonsvi	IIe R	alto Co	MD	STATE
		INERAL DIRECTOR	111,-	1				Catonisvi		ISTRAR'S SIGN		,
			Mari	MXD	Cerus	Dand			1 /	lia Devide	- 7	dass
	Ma	irtin D. L	awso	n, 10 W.	Padonia	Koad	, Timonium SE	1 27 130/	10	-		

DHMH - 16 60M 7/84

IPORTANT: If Item 21 is marked or Item 18 straws any injury, or ather traumatic event, the

(VRA 15, 4)

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TY LIMITS?	13e.STREET A			TREET	21230
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NT		ADDRE	SS		
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TO THE TERM	INAL DISEASI	E OR CONE	ITION GIVI	EN IN PART 1	0
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URY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
N		CITY OR TOV	VN	COUNTY	STATE
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TTENDING HYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	FIANXX		16-87
5		100			
RT HOV	VARD,	FORT	HOW	ARD,	MD 21052
REMATORY		OR TOWN		COUNTY	MARYLAND
250 DATE	P 1 8 1	987	Sh. REGISTI	RAR'S SIGNAT	

REG. NO.

62 YRS

1987

INDUSTRY

MD.

12b. KIND OF BUSINESS OR

DHMH - 16 60M 7/84

MPORTANT:

(VRA 15, 4)

0

BP.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

WEN-SHYANG WU, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

BURIAL 24 FUNERAL DIRECTOR

9/19/87

73h DATE

23c NAME OF CEMETERY OR C OLIVET CEM 21229

22e ADDRES

VA FO

STATE OF MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25044

1 01	REGISTRAR	DEI ANT	CERTIFICATE OF DEATH	REG. N	230	77	
	ECEASED NAME FIRST	MIDDLE	LAST	DATE OF DEATH	MONTH JOAY VEAR	2b HQUR	
(TYP	Robert	William	Daiger	September	28 1987	1 M	
3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY F UNDER I YE		
	Male	White	November 4, 194	4 42	YRS.	YS HOURS MIN.	
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	B BALTIMORE CITY	OR COUNTY OF DEATH		
	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	County	MD.	
10. C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	Baltimore County 120 USUAL OCCUPATION 125 KIND O		
	Baltimore	1958 Ormand Re		General Fo	of working life; INDUSTI preman Inte		
Usu		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)			LIOI BUIL	
13a	STATE 136 COL	JNTY I3c CITY OR TO	WN 134 INSIDE CITY LIMITS			1222	
14.5	Maryland Bal	timore Dundal	YES NOXXX	1958 Orma	and Road 2.	1222	
1	FIRST	MIDDLE	FIRST	WIDDLE	_	LAST	
	Howard	A. Daiger		ADDR		ryant	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC					
	No _	219-40-	2497 Patricia	S. Daiger 1	1958 Ormand	Road 2122	
	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENGE OF				
CATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CODSECU-	phone.	ERMINAL DISEASE OR CON	206. IF YES, WERE FIN	DINGS USED	
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CODSECU-	JENCE OF DEATH BUT NOT RELATED TO THE TI			DINGS USED	
ICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISCUSSION CAUSE OF	DUE TO, OR AS A CONSENT (c) 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 198 CONDITION FOR WHICE 199 CONDITION FO	JENCE OF DEATH BUT NOT RELATED TO THE TI H OPERATION WAS PERFORMED DAY YEAR 19	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO	
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	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPARTMENT OF CONTRIBUTING CONTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTI	DUE TO, OR AS A CONSECU- (c) 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE)	JENCE OF DEATH BUT NOT RELATED TO THE TI H OPERATION WAS PERFORMED DAY YEAR 19 Z11. HOW INJURY OCC STREET 19	200 AUTOPSY? YES NO CONTROL NO CONTROL CONTRO	1706. IF YES, WERE FIN IN CERTIFYING CAUS YES URY IN ITEM 18 PART I OR PART OWN COUNTY	DINGS USED SES OF DEATH? NO STATE _, that (I) (we) lost	
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WEDICAL MEDICAL	gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPARTMENT OF COURRED WHILE ALL WORK ALL WORK 220. I certify that (I) (this has sow the decosed alive above, (I) we (idid) and the sow of the contribution of the country of the	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	JENCE OF DEATH BUT NOT RELATED TO THE TI H OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCC STREET 19 Ond that in (my) (our) opin DEGREE ATTENDING PHYSICIAN 270. ADDRESS NAME OF CEMETERY OR CREMATOR Oak Lawn Come of Dundalk 250.	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES URY IN ITEM 18 PART I OR PART! OWN COUNTY dote and hour and from 19 AFF CIAN COUNTY COUNTY COUNTY COUNTY COUNTY	DINGS USED SES OF DEATH? NO The state The causes stoted The signed The signed	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYCIENE

VLI ANI	CERTIFICATE OF DEATH	REG. NO.		4
MIDDLE	LAST .	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
~	Pavioson	9-	1-87	4:08
ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
white	MONTH DAY YEAR 4 - 13 - 15	72 YRS	MONTHS DAYS	HOURS MIN.
ITIZENI OF WHAT COUNTRY	18	DALTIMODE CITY OF COUNTY	VOEDEATH	

To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED X NEW YORK U.S.A.

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE COUNTY 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY GLEN L. FABRICATOR MARTIN. INC.

DSUAL RESIDENCE (IF MURSING NOME OR OTHER INSTITUTION 130 STATE 186 COUNTY 13c. CITY OR TOWN MARYLAND BALTIMORE

4. RA

13d INSIDE CITY LIMITS? YES X

NO [15. MOTHER'S MAIDEN NAME

MINNIE

2920 EDGECOMB CIR NORTH 21215 BALSER

MAURICE

RANDALLSTOWN

O CITY OR TOWN OF DEATH

4-FATHER'S NAME

Jack

DECEASED NAME (TYPE OR PRINT)

3. SEX

DAVIDSON 166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

13e STREET ADDRESS / ZIP CODE

MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

-09-0862 HELEN DAVIDSON 3715 BANCROFT RD. (21215)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carprio - Rulmonu, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which peatr rain gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse Intra care brai

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	r IN ITEM TO PART 1 OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
22a.l certify that (I) (this hospital)	attended the deceased from	24 1087	10 9-	1082	that (I) (we) la

sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED

DEGREE ATTENDING MEDICAL PHYSICIAN

DIRECTOR PHYSICIAN 72e ADDRESS

17/10	7 7 - 0	- 1 1 6 03	- 12
BURIAL, CREA	MATION, REMOVA	L 23b DATE	23c. NAA

236 LOCATION CITY OR TOWN STATE

BURIAL BETH TFILOH BROS., INC. 24 FUNERAL DIRECTOR SOL LEVINSON &

BALTO BY REGISTRAR 256 REGISTRAR SHOW LIRE

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

00

If Item 23 is

6010 REISTERSTOWN RD. BALTO, MD 21215

MD

SEP 0 9 1987 .

23c NAME OF CEMETERY OR CREMATORY

WESTVIEW CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

LEROY & RUSSELL

9/21/87

236. DATE

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAN

COUNTY

CITY OF TOWN

BALTIMORE

STATE

STATE

MD

CHERT TO

12b. KIND OF BUSINESS OR

Beth. Steel

Moore

YES T

9000 Franklin Sq. Dr., 21237

COUNTY

22c. DATE SIGNED

09/16/87

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Baltimore Maryland 9-19-87 Oak Lawn Duda-Ruck Funeral Home of Dundalk 156 DATE REC'D BY REGISTRAR'S SIGNATURE POR TOWN TOWN THE PROPERTY OF THE PR 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 7922 Wise Ave. Dundalk, MD 21222 (VRA 15, 4)

Nadeem Oamar, M.D.

		STA	TE C)F M	ARYI	AND)
DEP	ARTMEN	T OF	HEA	LTH	AND	MEN	ITA
	(1	TOT	IEIC	ATE	OF	DEA	TL

AL HYGIENE CERTIFICATE OF DEATH

L		THE OTHER WAY							REG, NO.				
I		CEASED NAME	FIRST		MIDDLE		AST		O DATE OF DEATH MONTH	-DAY YEAR	26 HOUR		
1	TYPE	OR PRINT)	1 1	1	1/200 200	1	22001	Sr.	Q	1 03	, 25/		
ŀ	_		104C	. H	//andy		Javis:		1	-6-81	1 pm		
1	3 SEX	(4.1	RACE		5. DATE C		YEAR 6	. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS			
1	·Y	nale.		2,2 hit		MONIF	26	1902	84 .		NOOKS MIN.		
4	_	RTHPLACE ISTATE OR	FOREIGN 7h	CITIZEN OF	WHAT COUNTR	Y? 8		- 9	BALTIMORE CITY OR COU				
4	(CHINTOYL	10	CILIZZIII OI		MARRIE	D NEVER MAI	RRIED -	<u> </u>				
9		aryland			SA.	WIDOWE			Baltimor				
П	IL CI	TY OR TOWN OF DE	ATH #1				OR OTHER INSTITU	I MOITL	20 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKIN	126. KIND	OF BUSINESS OR		
Α	D	a alullada	. //	1	H FACILITY, GIVE STR		11		Retired Carpe	nter	Park		
4	111114	A NO ALLS YEX	SING HOME OF OTH	HER INISTITUTION	ONE PESIDENCE SEE	Cox	1U. Hon	16. 1					
1		AL RESIDENCE (IF NUR			Sykesv	DWN.	13d. INSIDE CITY	LIMITS?	3e STREET ADDRESS / ZIP C	ODE			
A	Ma:	ryland	Carr	oll	Sykesv	ille	YES N	o 🔼	1329 Hillcres	t Drive	21784		
٦	14 AA	THER'S NAME					15 MOTHER'S M	AIDEN NAME					
И		H a mark	MID	DLE	Davis		Mars	ST.	MIDDLE	· ·	ore		
Ч		Henry					Mary						
ы		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17 INFORMANT	Mrs. N	Mildred ADavis	21	784		
A	1	no	(IF TES, GIVE W	AR OR DATES	216-63	8683	1329 H	111cres	st Drive Syke	sville,	MD.		
1	-		1				1323	LIICI C.	36 21210 2710				
1		18 CAUSE OF DEAT PART I. DEATH V	H Enter only o							BETWEEN	XIMATE INTERVAL		
1		PARTI. DEATH Y	IMMEDIATE C	2 '	antib	-hnm	mond	an.	21 7.				
1			IMMEDIATE	AUSE IU/									
1		DUE TO, OR AS A CONSEQUENCE OF											
н		Conditions, it only, which (16) to POSSIAIR MYO Carrier Infaron MOS											
1		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
1		underlying cause		DUE TO, O		A M MA	Combo	11 .5	Y CUA.	5.0			
1				(c)									
1	7	PART 2 OTHER SIG	NIFICANT COM	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CONDITION	GIVEN IN PART 1	10		
4	CERTIFICATION	11:172nd	1 %	Nait	iple	GAH	Hylan.	unsin	· .				
٦	A	190 DATE OF OPERA	TION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	ED		YES, WERE FIND			
4	E									RTIFYING CAUSE			
	8				E halling		National Control		YES NO	YES [NO [
		210. ACCIDENT WAS UN		216. TIME O	M. MONTH	DAY YEAR	ZIC HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
	¥	OR CONTRIBUTING		P.,		19							
1	8	21d. INJURY OCCUR		21e PLACE		- 17	211 LOCATION						
ı	MEDICAL				REET, FACTORY, OFFIC	E, EARM, ETC	STREET		CITY OR TOWN	COUNTY	STATE		
١		AT WORK NOT W	ORK L						al Ci	0 -			
1		220.1 certify that (I	(this hospital)	ottended th	e deceased from	n 8	20	19 8	to	19 8	, that (I) (we) last		
1		saw the deceas		916	19	Cr	nd that in (my) (pu	r) poinion de	ath accurred on the date and	hour and from the			
1		abave, (1) (we) (did) (did nat) v	new the body	ofter death.				The second of the second of the				
1		226 SIGNATURE					DEGREE			22c DATE	ESIGNED		
-1		12	· M . 8	Shah	~~·)			NDING	MEDICAL STAFF DIRECTOR PHYSICIAN	914	187		
┨		22d. PHYSICIAN'S N	_	/			22e ADDRESS	SICIAN	-4 1 1 1		, ,		
1		-					THE ADDRESS	CHAP	ecc rear r	rh.			
		P	.M.	SIM	174.								
7	230 BI	URIAL, CREMATION.	REMOVAL T	23b. DATE	1 23	C NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION				
		SPECIFY) Buria	-	9/9/87			wn Cemet		CITY OR TOWN	Baltimor	re MD.		
1									Woodlawn				
	24 FU	INERAL DIRECTOR I	oring 1	Byers	Funeral	Direct	ors, Inc	250 DATE	REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNA	TURE		
	8	728 Libert	y Road	Rand	allstow	n, MD.	21133	SEP	U9 1987 Julie	Devidon-A	andell		
- 1			*					1			4.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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ECORE		Day HD		been :
/ITAL #		4, The	Michael .	on the
NOF		YSICIAN	the phil	comits
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND \$120		ING PHYSICIAN, The law requires that the shall certifigue be executed within 24 hourhafter death. Page 4 may be	or attending physician.	After this certificate has been signed by the way iding physician and completely filled in by the funesti director page.

	1				STAT	E OF MARYLAND		
	1.	FOR STATE		DEP		EALTH AND MENTAL HY	GIENE 7	5050
065845 SEP	10	REGISTRAR				ICATE OF DEATH	REG. NO.	
7.5		LORPRINT)	FIRST	MIDDLE		AST	20 DATE OF DEATH MONT	1000
10 eo eo e			Thelma	0dess		Dearchs	09	0.7
1 4	3. SE		4. RACE		S. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1000		emale	White			23, 1918		YRS
1 12 12	70. B	RTHPLACE (STATE OR F		WHAT COUN'	TRY? 8	D W NEVER MARRIED	9 BALTIMORE CITY OR CO	
1 16/2	_	owa		.A.	WIDOW	DI DIVORCED	Baltimore C	
11111	10	ITY OR TOWN OF DEA		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	
2 b		Towson	Greate	er Balt	imore M	edical Center	Homemaker	Own Home
1 1 12	USU 13a	AL RESIDENCE (IF NURS	NG HOME OR OTHER INSTITUTION	13c. CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE
2 1 2 2 2 A		aryland	Baltimore	Towsor	1	YES NO K	1403 Malvern	n Ave. 21204
1 11 10	195	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	LASF
W P P	10	wen	W.	Truax		Nellie	0dessa	Poole
# 70 7/		VAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS	
A 60 1		0		482-12	2-2151	Raymond E	. Dearchs - sar	
The state of the s		18 CAUSE OF DEAT	H (Enter anly ane cause pe	er line far (a), (b	, and (c·.)			BETWEEN ONSET AND DEATH
4 4 1		PART I. DE ATH W	IMMEDIATE CAUSE (a)	Metasta	tic End	ometrial Canc	er	
Z (*) 新発光			DUE TO C	DRAS A CONSI	EQUENCE OF			
5		Canditions, if any,	which ((b)		premin	story arms	T.	
2 2 2 2 2 2	1	gave rise ta imn cause (a), statin	g the DUE TO. C	OR AS A CONSI	EQUENCE OF			
W those of contracts of contrac	1	underlying cause	last (c)					
S. 20	١.	PART 2 OTHER SIGN	VIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
D	CERTIFICATION			- 6	5 675			
HECO	Ž	190 DATE OF OPERAT	ION 196 CONE	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
A house of	I E				2.3	1	YES NO	YES NO
A 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		210. ACCIDENT WAS UND		OF INJURY A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
0 20 80 1	MEDICAL	(IF EITHER NOTIFY MEDIC	TALEXAMINER) P	P.M.	19			
INISIO offered for this to the bu	MED	21d INJURY OCCUR	(AT HOME S	OF INJURY TREET FACTORY, OF	FICE FARM ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
D A P P P P P P P P P P P P P P P P P P	1	220.1 certify that (1)	(this haspital) attended t	he deceased fr	om Septer	nber 2. 1987	, to_September	9, 19.87 , that (I) (we) last
E 6 5 5 2 2		saw the decease	ed alive an Septemblid) (did not) vision the bad	per 9.	19_870	nd that in (my) (aur) apinia	n death accurred an the date ar	nd haur and fram the causes stated
The part of the pa		774 SIGNATURE	1/10	/1. /	1	DEGREE		221. DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		5/1/11/	141. A	MIN	1.	ATTENDING PHYSICIAN	MEDICAL STAFF	9-9-87
T A A A A A A A	1	THYSICIAN'S NA	ME (TYPE OR PRINT)		- Academy	22e ADDRESS		
HOS Sould by PORT		Francis	C. Grumbine	e.M.D.		G.B.M.C	. Charles St.	, Towson, Md. 21204
5 5 5 2 1 34	23 a	BURIAL, CREMATION,			231 NAME OF	EMETERY OR CREMATORY	23d LOCATION	
BP	10	(SPECIFY) remation	9-11			w Crematory	Balto.	Md.
Dillate de la constant	-	UNERAL DIRECTOR			0 York		ATE REC'D BY REGISTRAR 256 F	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	R	uck Towson	Funeral Hom	ne, Inc.	Towson	, Md.21204S	P 1 5 1987 8	ilia Devideon Randale

06	5	5	2	1	SE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. The latest Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this centificate has been signed to the control of physician and completely fulled in the three limited director, page 3	should be detached for use as the buriol-transit permit. Then please recovered and provided the little author 72 hours after death with the State Deat of Health and Mental Hanese rior to buffall and mind.	IMPORTANT; If hem 21 is marked on hem as those are injusting of the medical to the medical to the head

EP	_	FOR STATE PEGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH	1	8 / REG. NO.		0 5	CITY COMMANDE
	1. DEA	or PRKatherine	MIDDLE		AST Ole Ole				AY YEAR	26. HOUR
115			L.	cker		Sept		987	STINDER 24 HUS	
		emale	Cauc		18, 1906		81	YRS.	ONTHS DAYS	HOURS AHN.
5	7a. BI	RTHPLACE (STATE OR FOREIGN Balto.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	NEVER MARRIE		Balto County			MD.	
0		TY OR TOWN OF DEATH Balto	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY GIVE STREET SUMMIT NURS				120 USUAL OCCUPATIO TYPE OF WORK FOR MOST OF V OUSEWIFE	N WORKING LIFE		F BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR ITALE 136. COUNTY) ND Ba]			13d. INSIDE CITY LIM	NITS?	3. STREET ADDRESS / 1 24 Holmeh	ZIP CODE	21228 Ave	
0	14. FA	THER'S NAME Peter Fra	ancis Lanahar	1	15. MOTHER'S MAID FIRST Kath		MIDDLE		Pohl	man
7		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!				Oak Forre		ve	
		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and IC() PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) Cerebral Hemorrhage								
1241	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II. 1. Diabetes Mellitus 2. Arterosclerotic Cardiovascular Lisease								
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED				, WERE FINDIN YING CAUSES	
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR		OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PA	ARI I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	0-7	78 CITY OR TOW	7	COUNTY	STATE
		saw the deceased alive on	Sept. 5, 19	0/	nd that in (my) (our) o	O/ opinion de	oth occurred on the dot	e and hour	ond from the	
		ames	E Rowe	- h	ATTENT	DING	MEDICAL STAFF	AN 🗌	Sept.	8, 87
1		Dr. James R			27e. ADDRESS 413 Col	mmon	wealth Av	e C	atons	ville
· f	В	BURIAL, CREMATION, REMOVAL (SPECIEY) LPIAL	9/10/87 I	orra	emetery or crema		23d LOCATION CITY OR TOWN		alto	MD
3	24 F	ineral director 736 E terling Ashto	dmondson Ave on Funeral Est	2122 tate	28	SEF	P 1 4 1987	1.0	Davidson	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	25	0 5	2
Ţ	DEC	EASED NAME	FIRST		MIDDIE	Į.	AST	20 DATE OF DEATH	MONTH - * DAY	YEAR	h HOUR
Т	(TIPE C	SK PRINT!	ROBERT	Г	В.	DeFOR:	D JR.	Septembe:	r 17, 1	1987	100 M
1	3. SEX		4 RA	ACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	HOURS MIN.
1		Male		Whit	ce	Oct		73	YRS	DAYS	MIN.
1		THPLACE (STATE OR FO	DREIGN 76 C	ITIZEN OF	WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	_		
	C	MD		USA		WIDOWE		Baltim	ore Co	unty	MD.
2	10 CIT	Y OR TOWN OF DEA			HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATE		LE KIND OF	BUSINESS OR
1		Hydes				Green]	Pike	Farmer			ulture
	USUA 13a S1	L RESIDENCE (IF NURSI	NG HOME OF OTHER			SEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			21082
	134 31	MD	Balt	.0.	Hvd		YES NO I	12720 Lor		en Pi	
1	14 FA1	THER'S NAME					15. MOTHER'S MAIDEN NA	MÉ			
		Robert	B.		ord,	Sr.	Dorothe	a. MIDDLE	Hoffn	nan LAST	
1	16a W	WAS DECEASED EVER IN U.S. ARMED FORCES		FORCES?				ADDRE			
	{YE	Yes	(IF YES, GIVE WAR	OR DATES)	215 1	8 7896	Anne M. De	eFord.	Same		
1		IB CAUSE OF DEATH						01010	T		ATE INTERVAL
1	- 1	PART I. DE ATH WA	AS CAUSED BY								
1					D AC A CONIC	COLUENCE OF					
1	Conditions, if ony, which (b) 10000 AQUILLE							5 min			
1	gove rise to immediate couse (a), stating the DUE TO, OPASIA CONSEQUENCE OF										
1		underlying couse	lost.	(c)	Curri	ic or	structus po	luonery 4	Isear	48	ers
	ı	PART 2 OTHER SIGN	IFICANT CONE	OITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART No	
1	O										
5	CAT	19a DATE OF OPERATION 19b CONDITION 19b COND		ITION FOR WE	ION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WE			
4	E						YES NOT YES				
7	CER	21a. ACCIDENT WAS UND		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART ?)	
1	CAL	OR CONTRIBUTING C			M.	19					
4	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY	EVE FARM FIC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
1		AT WORK NOT WHE	LE 3J	(11.1101112,011		11.	-	0		0-	
		22a I certify that (1)		_		. (0	3 1956	10 JEAR	. 19_	8	not (1) (see) lost
		sow the deceose obove, (1) (ve) (d	d olive on id) (did-pot) vie	w life body		19 K , or	nd that in (my (our) opinion	death occurred on the de	ote and hour one	d from the co	ouses stated
1	- 1	27b. SIGNATURE DEGREE						220 DATE S	IGNED		
		Mulieu	+ "	Russ		de	ATTENDING PHYSICIAN	MEDICAL STAI		2118	187
٦		224 PHYSICIAN'S NA	ME (TYPE OR PRIN	T)			22e ADDRESS				
		Dr. Will	inm D	Ers	itz, M	T)	2 W. Unive	rsity Pkw	T Da	1+0	3.070
F		DI. MITI	liam F	· LII	LUZ, M	U	Z W. OHITVE	TOTCY I'M	y., Da.	100.,	MD
		URIAL, CREMATION, F		b. DATE			EMETERY OR CREMATORY	23d LOCATION			
			REMOVAL 23			23c NAME OF C	1			MD	MD
	(5	URIAL, CREMATION, F	REMOVAL 23	b. DATE 9/18/	87	23c NAME OF C	Mount	23d LOCATION CITY OR TOWN	co	MD	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		9	5	0	ć
E	REG NO	C=	- 11		

068	SEP	g i	FOR STATE TEGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 0 5 2
. m.e			CEASED NAME FIRST	MIDDLE	D	AST C T	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be			DAUID			EIBEL	SEYTEMBER	4 1987 W
4 94	/	3 SE:		4. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN
B 28	-		MALE RTHPLACE ISTATE OR FOREIGN	WHITE TO CITIZEN OF WHAT COUNTE	JUN	- 1	9 BALTIMORE CITY OR COUN	
1 / 3F"	58		ALTIMORE	U.S.A.	MARRIE	DI NEVER MARRIED DIVORCED	BALTO.	0
16	NE		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
1 24	1	100	INOVER	28 Lyndale	Avenue	21236	SELF-EMPloy	EN BEAUTY SAID
A PROPERTY OF	35	130. 5	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN aryland Balti	OTHER INSTITUTION GIVE RESIDENCE BE VTY 13c CITY OR TO MOTE	FORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS / ZIP CO 28 Lyndale Av	renue 21236
	30	14 FA	THER'S NAME FIRST	MIDDLE Deibel		is mother's maiden name of the state of the	WE	LAST
1	AB /		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	01076
100	11/	_		215-01		Josephine D.	Deibel 28 Lynd	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the department of the new respective properties of the attendate properties.	or to buriol, cr. mattern ar recommendation of the framework.	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF TO CONDITIONS CONTRIBUTING TO	OUENCE OF		te Gale	
he low ion. hos bea	nows any	CERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CIAN 1 physic printicote ol-trons	era sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART 7)
G PHYSI ottending er this ce s the buri	ked over	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
pitol or CTOR: Aft	of Heolit		22a I certify that (I) (this hospi	tol) ottended the deceosed fro		, 19	, to death occurred on the date and h	our and from the causes stated
TO HOSPITAL OR A refound by the hos TO FUNERAL DIREC should be detoched	APORTANT: If them		TAN'S NAME (TYPE O	ne	ns.	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATH SIGNED 915 (87
	, = 1		BURIAL, CREMATION, REMOVAL	1. 1. 1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	_		NURIA DIRECTOR	7/8/1987/	IOKELI		HILLENDALE ERECTO. BY REGISTRAR 256 REG	ISHAIO MD
DHMH - 16 60 (VRA 15,			SSAHN FUNA	ERAL HOME DY	101 BF	CEI		a Devider Randale

ALMOND THE STATE OF THE STATE O

		. 1				STATE OF MAKTLAND		
64	738 9	EP -	418	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO. 2 5	054
	noy be poge 3		1. DEC	CEASED NAME FIRST OF PRINT) CHRISTO	PHER A.	DEINLEIN		2 87 2 40 PM
مم	ge 4 r ector rrs afte		3. SEX	1ALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 44 O4	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
0	deoth. Pa	of orice	(MD	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR	E CO. MD.
10	y he f	Office	BE	ALTIMORE :	ST. SOSEPH	HOSPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 21	n 24 hou		13 u . S	MD BALT	Y 13t. CITY OR TOW	NE 13d. INSIDE CITY LIMITS?	130 SCHEELER	AVE 21237
BALTIMORE, MARYLAND 21	omple on plan	oxonic O		John	De INLE	IS MOTHER'S MAIDENN RISE	Lomba	edi LAST
TIMORE	on and c	e medico	0	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (PES, GIVE V	ED FORCES? WAR OR DATES] A19-16	2983 MYRH A.	DeinLein 13018	chroler Avo.
	certificate ing physici rbonpapei	atic event, m		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a)	o-respirator	y avent.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST	the dec the atte remave	er froum		Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	roma of stoma	cl smotastalie	
201	quires that signed by hen please to burial, c	njury, or othe	N	underlying couse lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition giv	EN IN PART 110
DIVISION OF VITAL RECORDS,	os been os been ne prior	shows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA	4YSICIAN: The ding physicion is certificate h buriol-transit p Mental Hygier	Item 18 sh		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	1216 TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
DIVISION	G Ph offen offen s the	morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
A	R ATTENDIN hospital ar IRECTOR: Affi hed far use a	m 21 is m		27a. I certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not)	9-2- 19		n death accurred on the date and hou	19 that (I) (we) lost or and from the causes stated
	by the	Z = Z		226. SIGNATURE 226. PHYSICIAN'S NIME	Tel (s	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	9-2-87
	TO HOSPIT retained by TO FUNER should be a	IMPORTANT	22	MITAL, CREMATION, REMOVAL	HEP-		St- Joseph Hos	ρ.
	BP	-	1	RIGHT DIRECTOR	9-5-87 20	on Evang. Lety Ch	ATE REC'D. BY REGISTRARIZSB. REGIST	TRAR'S SIGNATURE
	DHMH - 16 60A (VRA 15, 4		4	They & wa	L 1211 Cloppes		ED B 1007	Tiondon Penface

or of the latest the little of the latest th LODIC OF ALL PLACE AND A LODGE OF DECEMBER OF A the section of the se E A STORY OF LIGHT OF THE PARTY الماليان والمراوي المحرور والمحاول والمصاف المراوي والمحاول والمحا - year where it was a second with a second

FOR STATE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIEN**

CERTIFICATE OF DEATH

E	1	REG.	2 NO:	5	0	5	
DA	F OF	DEATH	HINOM		DAY	YEAR	7h

CTREGISTRAR				TEATE OF BEATT	REG. N	Ō.			
P DECEASED NAME FIRST		MIDDLE		LAST	28. DATE OF DEATH		YEAR	26 HQL	JR
(TYPE OR PRINT) ALVINA	CL	ARABELLE	DE	RRY	September	8,1987		3	М
3 SEX	4. RACE		5. DATE		6. AGE (IN YEARS LAST BI	RTHDAY] IF UND	DERIYEAR	IF UNDER	
Female	White	e	Marc	h 12°, 1918°	69	YRS.	DAYS	HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY				
Ohio	U.S		WIDOW	ED DIVORCED	Baltimo	re Count	У		MD
Baltimore				Road 21239	120 USUAL OCCUPAT	ON DE WORKING LIFE) IN	NUTS	ing	ESS OR
USUAL RESIDENCE (IF NURSING HOME O 13a. STATE 13b COU Maryland Bal	rother institution NTY timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 6511 She	zip code erwood Ro	ad 2	1239	
14 FATHER'S NAME FIRST Ernest Add	niddle 1ph	Wallman	70	Sarah	Alvina		Hor	'n	
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
No -		297-28-0	552	Robert W. Der	ry 6511 She	erwood Ro	ad 2	21239)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	NCE OF	SCHAL PSCH		IDITION GIVEN IN	PART 11	a	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES			TH?
216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 21d. NUTURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A. R) P. Zie PLACE	M. MONTH DA M.	19	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJL		OUNTY	5	STATE
22a.1 certify that (1)(this hasp sow the deceased alive ar above, (1)(we) (did)	8/2	19.8	2_,.	nd that in (Our) opinian	, ta	ate and hour and		that (
22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	57/	Joens	7	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF	PATE	SIGNED 4/8	7
Charles	F. Hoeso	h		5601 I	Loch Raven	Blvd. 212	239		
23a BURIAL, CREMATION, REMOVAI	236 DATE 9-9			nmount	Baltimore	City cour	NIY	Mary	l'an
24. FUNERAL DIRECTOR Mitchell-Wiedefel	d Home 6	500 York	Road		P 1 A 1007	25b. REGISTRAR'S	SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic

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		35-17		0.20	
				64 11	Star
		interes es	21 00 131		
			1216	76 2	Simulated.
	0.0020			- gillend	SHE
	war Lie en				
			C		
			777		
15/1/21					
184				n	
					2.0

in by the funeral director, page 3 sefuled within 72 hours after death

physician and compages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remaye carbon papers. P should be detached for use as the burral-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burral, cremation, ar remayal.

ATTENDING PHYSICIAN: The low attending physician.

retained by the hospital or TO HOSPITAL OR

BP.

certificate be ex

IMPORTANT: If them 21 is marked or them, 18 shows any injury, ar other traumanc event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND

MENTAL HYGIEN DEATH	8	1	REG. NO	2	5	J	C.	6
	DATEC	DE D	EATH	MONTH	DAY	YEAD	21.	HOI

.1 - STATE			CERTIF	FICATE OF DEATH	8 / REG. NO	2 5	0 5 0
(TIPE OR PRINT)	NGELINA ELIMA	MIDDLE	DEVI	DeVINCENTII	Septemb	er 18, 1	987 26 HOUR 4:05P
FEMALE	4. RACE Whit	e	5. DATE O		6. AGE (IN YEARS LAST BIR	YRS IF UND	DER I YEAR IF UNDER 24 HR
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76 CITIZEN OF		TRY? 8 MARRIE	ED NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY O	rcounty of D	
10 CITY OR TOWN OF DEATH Towson	St. J	oseph h	Hospital	or other institution L	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker	FWORKING LIFE IN	KIND OF BUSINESS C
Maryland Bal	or other institution UNIY timore	130 CITY OR TOWSO	TOWN	13d INSIDE CITY LIMITS?	2C Fellows	zp cope hip Ct.	21204
Michael	MIDDLE	Patri	icelli	Filomena	MIDDLE		Pantano
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (18 YES, C	ARMED FORCES? GIVE WAR OR DATES!		SECURITY NO. 8-4189	Michael L. De	Vincentiis		21212 rlestowne
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O T CONDITIONS CO	R AS A CONS R AS A CONS DISTRIBUTING	Cara	I NOT RELATED TO THE TERM Lio Vascula DN WAS PERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b IF YES, WEF	PART 110 Pail RE FINDINGS USED CAUSES OF DETAIL?
OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.	M. MONTH M.	DAY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 C	R PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI		FFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY STATE
220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPI	onnot) view the body		19	nd that in (my) (aur) apinion DEGREE M. D. ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAI	ate and hour and	that (I) (we) le from the couses stated P26 DATE SIGNED
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial			23c NAME OF	Redeemer	23d LOCATION Baltimore	City cou	Mď.

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

Mitchell-Wiedefeld Home 6500 York Road 21212 SEP 22 987 guis Duridon N

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STATE OF MARYLAND

7	REG. NO.	5	U	S	1
				-	

3	87-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. N	2 5	0 5	1
	1. DEC	CEASED NAME FIRST		MIDDLE	Į.	AST	2e. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		Ellen				amond	Septembe			M
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	MONTHS DAYS	IF UNDER 24 HRS
1		Female	White	<u> </u>	Jan 21 1901		86	YRS		
1	C	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF USA	WHAT COUNTRY?		D NEVER MARRIED D	Baltimo			MD.
)	Baltimore 11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET / 2125 Maple ROAD USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE									OF BUSINESS OR
	13a. S	TATE 13b. COU	ROTHER INSTITUTION NTY Lto.	136. CITY OR TOW Baltime	'N	YES NO T	13e. STREET ADDRESS 2125 Map	le Ro	ad 2121	9
7	14. FA		P.	Gilmore		Rosana	WIDOLE	Bir	ney	51
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDR			
		no		212- 26-	-0376	Leonard DeVa	aughn 2125	Maple		1219
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT OF TRANSIENT IS	DUE TO, OO (c)_ CONDITIONS C	Atherosc Ontributing to	ENCE OF LEATH BUT	rdionyopath, cardiovasco NOT RELATED TO THE TERM TEMEN TIA N WAS PERFORMED	INAL DISEASE OR CON	206. IF YE	ES, WERE FINDIN	NGS USED OF DEATH?
		21a. ACCIDENT WAS UNDERLYING CONCENTIBLE OF DE.		OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES NO		PART I OR PART 2)	NO 🗌
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE, F	19 FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (I) (his hasp sow the decased alive as above, (I) (we) (did) (did no	-1	- 1	\$7 , or	9 , 19 84 and that in (my) (our) opinion (, to death occurred on the c	dote and ho	, 19 <u>87</u> , our and from the	
		126. SIGNATURE				DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
/		720 PHYSICIAN'S NAME (14PEC)				1200 Easte	ern Ave		5.0	
	23a B	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		- COUNTY	STATE
		Burial	9/23	3/87 Sac	credHe	eartofJesus				Maryland
	24 FU	INERAL DIRECTOR		ADDRESS	-		E REC'D. BY REGISTRA			
		ConnellyFuneral	Home of	Dundalk	21	L222 SE	P 2 2 1987	Tim d	Teridon Po	indaely

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

STATE OF MARYLAND										
DEPARTMEN	T OF	HEAL	TH AN	MENTAL	HYGIENE					

B.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.2 3	; 13	3 8
	CEASED NAME FIRST	MIDE	DIE	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	Ruth	N.	DiDomer	nico	Septembe	r 13. 1	1987	
3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HR
1	Female	White	Ap	ril 6 1915	72	YRS	DIVINS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	MARDIC	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
	Md.	U.S.A.	WIDOWE	- V	Baltimor	e, Co.		
10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		OF BUSINESS O
0	Baltimore Co.		Meridian Nu	rsing Home	Homema		at h	ome
USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)	8	Lin STREET ADDRESS	/ 710 CODE		
100	Md.	13	Baltimore	13d. INSIDE CITY LIMITS?	7108 01	d Harf	ord Rd	2123
14. F	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
	William	R.	Sullens	FIRST	MIDDLE	3.0	LAS	ĮT .
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESSMACO		
1	YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	220-12-6745	Mary Whistl	er 7108	Old Ha	rford I	Rd.
	18 CAUSE OF DEATH (Enter of	only one couse per line	e-for (a), (b), and (c).	10	* .	,	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (b)	milet	lend	Blos	1	BC T T T T T	OHOE! AND DEAN
CERTIFICATION	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONT	S A CONSEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	NGS HISED
E	Marin San Taran				YES NOT	IN CERTIFY	ING CAUSES	OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 216. INJURY OCCURRED	HOUR A.M. ER) P.M. 21e PLACE OF	MONTH DAY YEAR	216. HOW INJURY OCCUR			COUNTY	STATE
1	AT WORK NOT WHILE					1000		
	22a I certify that (I) (this hasp			. 19	, to	, 19		that (1) (we) la
	sow the deceased alive a above, (1) (we) (did) (did n	n ot) view the body off:	er death. 19, or	nd that in (my) (our) opinion	death accurred on the d	ate and hour o	and from the	couses stated
	27h Signal M	in.	Ed . CD . M	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		9/	SIGNED S
	22d P TYSICIAN'S NAME (TYPE Gracito]	Patricio.	M.D.	21e. ADDRESS	old Spring I	020		1/
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	***************************************		
	Cremation	9-17-19	987 Westvie	ew	Baltimo		COUNTY	Md.
	UNERAL DIRECTOR			25a. DA1	TE REC'D. BY REGISTRAR			
Le	onard J. Ruck,	Inc. 5305	5 Harrord Ros	ad 21214 SE	EP 1 5 1987	Julia	Devider	Kandaes

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event,

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				61esell
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7128 216 627020 31. 21234		est est est		. 200
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E 2118 OLA Selore Fo.	Mary Wilstin	-12-014	23	
and solve in				
and the second of		estries (Presention

Democratic wars, Now. 5705 Martingt and 21215 SEP 165 1941 1 1

165572 SEP 15187

FOR

REGISTRAR

Female.

BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

4 RACE

Harford

Frank

DECEASED NAME

- STATE

TYPE OR PRINTS

COUNTRY

Maryland

14 FATHER'S NAME

Joseph

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

CAROLYN CIDIS. M.D.

Sept. 12. 1987

Howard K. McComas III, Abingdon, Md. 21009

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Nebraska

TOWSON

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO FIRST GERALDINE MIDDLE CLAIRE 26 HQUR DIFTERLE 20x 3xd83xxxb6x GERALOBIANE 87 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH White Aug. 10, 1923 64 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE COUNTY USA DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Clerk-Typist INDUSTRY US-govt.Ret. **6701 NORTH** USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1400 Kahoe Road 21050 15 MOTHER'S MAIDEN NAME Ludmilla Kavalec Hurt Bessie ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 21050 508-18-6862 Marcus W.Dieterle, 1400 Kahoe Road, Forest Hil APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BREAST CANCER

6701 N. CHARLES ST.

STATE

Harford SE REGISTRAR'S SIGNATU

23d LOCATION

(IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY METASTATIC IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA YES [71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinian death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE 27/ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY

Bel Air Memorial Gardens, Bel Air

DHMH - 16 60M 7/84 (VRA 15, 4)

11.1 (14. 25) 3. 3.1957 11.10

BURN STREET, THE PROPERTY OF THE

1971: 772 EC 80

S.LTI: SRE COUNTY

YOWISON GENG- 6761 HORTH CHARLES OT ACCESS TO SEC ASSESS.

METASTATIO ORGAST DANGER

CAROLYN CICIO, P.B. GBMO 6721 M. CHANLES DT.

064783 SEP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME EIRST		MIDDLE	Ł	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	25 HOUR
TTYP	E OR PRINT)	ANK	N.	DI	LLINGER	SR.	43	09	01	87	1:45рм
3. SE	X	4 RACE		5. DATE C			6. AGE IN YEARS LAST BIR	THDAY)		RIYEAR	IF UNDER 24 HRS
	MALE	WH	ITE	07	Ö7	1 1	76	YRS	MONTHS	DAYS	HOURS MIN.
70 B	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	67		9 BALTIMORE CITY C	7.1145	Y OF DE	ATH	
	AUSTRIA	U.S	. A.	WIDOWE	D NEVER MA	ORCED	BALTIMOR	E CC	UNTY	7	MD.
10, 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL OCCUPAT	ION	112b.	KINDO	F BUSINESS OR
	WOODLAWN		DOGWOOD R		21207		PURCHASING SU			FOO]	D
	STATE MARYLAND B		13c. CITY OR TOW WOODLAW	N		40 XX	13e.STREET ADDRESS 6600 DOGW			21:	207
14. F	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S					LASI	
	JOHN	MIDDLE	DILLIN	GER	CA	ROLIN	E			STOF	
16a	WAS DECEASED EVER IN U.S.		166. SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADDR		TITO	3//	DICE AND
	(YES, NO BUNKNOWN) (IF YES	GIVE WAR OR DATES)	212-09-7	552	VICTOR	IA DII	LINGER 660	00 DO		D RD	
	18 CAUSE OF DEATH (Enter		line far (0), (b), and	d (c)		- 1				APPROXI	MATE INTERVAL
	PART I. DE ATH WAS CAU	ATE CAUSE (a)	M-SMUL	Cell	canon	8/11	ing			50	SHALL
		DUE TO O	R AS A CONSEQUE	NCF OF		/					
	Conditions, if ony, which	((b)_									
	gave rise to immediate couse (a), stating the)	R AS A CONSEQUE	NCE OF						10	
	underlying couse lost.	1000 10,0	R AS A CONSECUE	INCE OF							
	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	O THE TERM	VINAL DISEASE OR CON	DITION G	IVEN IN	PART 110	a
Z											
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?				NGS USED OF DEATH?
E	PER LANGE	5 M					YES NO		YES [CAUSES	NO [
- 8	210 ACCIDENT WAS UNDERLYING				21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)	-
	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	AY YEAR							
MEDICAL	11 INJURY OCCURRED		M. OF INJURY	19	211 LOCATION	4					
ME	WHILE O NOT WHILE O	I AT HOME, ST	REET, FACTORY, OFFICE, E	ARM ETC }	STREET		CITY OR TO)WN	CC	YINUC	STATE
				2=2	6-87		9-1-	57	-		
	27s I certify that (I) (this has	4/ 00	e deceased from _			. 19	death accurred on the d	-10 -01 h	19		that (I) (we) last
	obove, (I) (we (uid) (did			. 0		er ; aprillon	deam accurred on the o	are and no			
	THE SIGNATURE	/4			DEGREE	TENDING !	MEDICAL STA	EE	27	C. DATE	SIGNED
	1012/0	Jane J		M	P	HYSICIAN	DIRECTOR PHYSI			7/2	18
	THE PHISISIAN'S NAME ITT	CONTRACT!			22e ADDRESS	-	1 1	. 0	7 81	1	
	MAUL D.	all	MOSY		400	(a)	ton Ast	15	1/10	3 11	701
23a	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CI	REMATORY	23d LOCATION				
_	BURIAL	9/3/8	TOTAL AND		THEDRAL				4005	MA	ARYLAND
24 1	FUNERAL DIRECTORY M.	& RUSSEI	LL C. WIT	ZKE F	UNERAL H	IOMES AT	E REC'D. BY REGISTRAR	25b. REGIS	STRAR'S	SIGNAT	URE
	NAMI 630 EDMON	DOUN AVE.	., CATONS	VILLE	MD 212	28 SEF	03 1987 9	ward.	W. don	1-0/2	
											4

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar other troumatic even

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Restaurant Retail 13e STREET ADDRESS / ZIP CODE 6F Beehive Place 21030 Davis same as 13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Carolyn Cidis, M.D. G.B.M.C 23a BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE I SPECIEY Gardens of Faith Cem. Baltimore County Maryland 10-3-87 Burial 24 FUNERAL DIRECTOR TEREC'D. BY REGISTRAR 255 Lawson 0 W. Padonia Road 2109B Martin D.

26 HOUR

11:55am

87

IF UNDER I YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

d b

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN-OF Anne L. Dougherty DEATH MATEO 3. SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) MONTH PRONOUNC W Nov. 5. 1921 65 YRS 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Penna. USA Baltimore Co.. DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 13 A4 Nightingale FOR MOST OF WORKING LIFE) OR INDUSTRY Timonium NURSE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET ADDRESS Nightingale Way Baltimore Timonium Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Thomas F. Dougherty Bernadette Moyer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO DIVISION Mrs. Patricia Hokemeyer 7602 Knollwood Rd. No 172-18-3093 ITEM 18. GIVE 18 CAUSE OF DEATH (Enter anly ane cause per line EF MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D. J., CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A COMBEQUENCE Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE USED / 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARMENLOF HI BALTMORE, MARYLAND, 21201 PRIÇK TO BURBAI YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram? Accident Hoturo causes Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Baltimore, Md. 9/5/87 New Cathedral Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** MITCHELL-WIEDEFELD HOME. INC. (VR A15 ME (5)) 6500 York Rd

15M 2/80

-crt-r

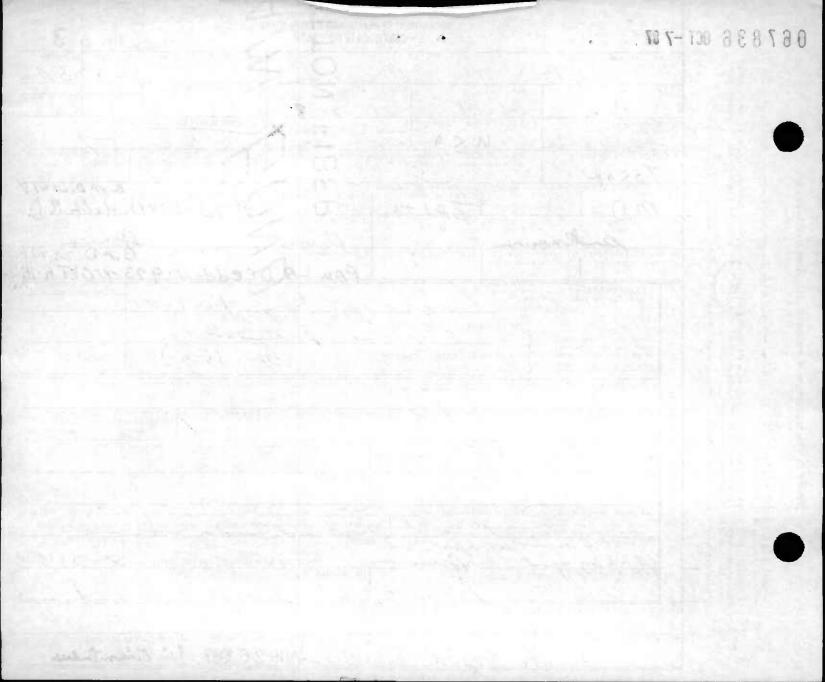
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	1			STATE OF MARYLAND		
0 0 007	1	FOR	DEPARTMENT	OF HEALTH AND MENTAL HYG	SIENE	Section 1
6 OCT	-7	CEASED NAME FIRST	• CE	RTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOND
er deoth		CEASED NAME FIRST	MIDDLE	2	20-DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE	× 151)	ACE 5.0	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	3. 35	Make	Black	MONTH DAY YEAR	YRS.	MONTHS DAYS HOURS MIN.
20		IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
5		C+ Toenl		DOWED DIVORCED	Roth Cox	unt) MD.
58	10. C	Tagana of Death	NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
oe .	JUSU	AL RESIDENCE (I NURSING HOME OF OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	SION)		B. MO.21218
いい	130	STATE 130 COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODI	LUIIRN
	14. F.	ATHER'S NAME	DAT 10	15. MOTHER'S MAIDEN NA		MILLERY
DI	0	FIRST	LAST	1) FIRST	WIDDIE	Dod Jast
		WAS DECEASED EVER IN U.S. ARMED		NO. 17 INFORMANT	ADDRESS	B.MD 712/18
7	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	R OR DATES)	00. 101	nr-11 a	2 MALT LIN
OK		The CAUSE OF BEATH S		PAWFA	or edden, 2	APPROXIMATE INTERVAL
2,		PART I. DEATH WAS CAUSED BY		- 1	x 100	BETWEEN ONSET AND DEATH
-		IMMEDIATE C	AUSE (o)	ce. (p) retor	1 100	7
al Dillocation			DUE TO, OR AS A CONSEQUENCE	OF /	the ite	
	57	Conditions, if ony, which gove rise to immediate	(b)	ere pre	and or it	
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF (/	3W= 150g)	
	ы	onderlying coose lost.	(c)			
	z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
	CERTIFICATION	NA DATE OF OPERATION	IN CONDITION FOR WILLIAM ORF	ATION WAS DEDECTIVED	The AUTODOV?	WERE ENIONICS
7	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4	E				YES NO YE	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR TIC. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
/	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK NOT WHILE				
		220.1 certify that (1) (this hospital)		7-24 19	[7. to] -24	198 , that (1) We lost
		sow the deceased alive an above, (I) (we) (did) (did not) vis	by the hady after death	, and that in (my) (our) opinion	death occurred on the date and hou	y and from the couses stated
		an committee /	4 see infant, bu	DEGREE	The state of the s	22c. DATE SIGNED
		1 A 11	the offer of	ATTENDING PHYSICIAN	MEDICAL STAFF	0-31-17
4	1	12d PHYSICIAN'S MAME TYPE OR PRI	yenre	22e ADDRESS	DIRECTOR PATSICIAN	8-410-
		122 1	R	11 1 1 -	- 1 - 6	1 1
1		/Viarily	n Denne	7 3/ /	oseph I IA	250121
	23a.	BURIAL, CREMATION, REMOVAL 2 (SPECIFY)	3b. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d OCATION CITY OR TOWN	COUNTY STATE
/84	24 F	UNERAL DIRECTOR	1/ WARREN 76	LO FORK RA	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
34		St. Juseph	HOSpital &	a Ho Md 21204AUG	26 1987 Julia 5	indon Pandres
			7		/ _ /	



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	1-	FOR STATE		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	0 5 6	1 6 4
6 SEP 16			A RACE	ε		OF BIRTH DAY YEAR	REG. NO. 20 DATE OF DEATH 6. AGE (IN YEARS LAST BIR)	9-11-8	PAR 26 HOUR PAR TYEAR IF UNDER 23 MIN.
hin 72 hours	7a BI	TY OR TOWN OF PEATH	76. CITIZEN OF WHA		WIDOWE	OR OTHER INSTITUTION	18 I BATTIMORE CITY O	MORE COU	MD.
and campletely filled in by the logs I and should be filed wit	13a. S	(VII)	ALTIMORE 13c.	RESIDENCE BEFOR CITY OR TOW ARBUT	/N	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAMERINA			21227 F:
n and con Poges 1		AS DECEASED EVER IN U.S.	ARMED FORCES? 16b	SOCIAL SECU		JOSEPH DI			OORING CI
been signed by the oftending physici rmit. Then please remove corbon paper prior to burial, cremation, or removal, any injury, or other froumatic event, th	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL 190. DATE OF OPERATION	DUE TO, OR AS (c) NT CONDITIONS CONT	A CONSEQU	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. 4F YES, WERE F	
DING PHYSICIAN: The I or ottending physician. After this certificate has see as the burial-transit per sells had Mental Hygiene marked or frem 18 shows	MEDICAL CERTIFI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this h	F DEATH HOUR A.M. P.M. 21st PLACE OF 8 [81 HOME STREET 6	MONTH D	AY YEAR 19	216 HOW INJURY OCCURE	YES NO	YES	NO [
TO HOSPITAL OR ATTENDING PHYSICIAN: retoined by the hospital or ottending physis TO FUNERAL DIRECTOR, after this certifical should be detached for use as the burial-transwith the Store Dept of Health and Mental Hy IMPORTANT: If them 21 is marked or them 18.	230 1	226 PHYSICIAN'S NAME	THE OR PRINT) Nakhuda, M.	D.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC a Maris Ley Rd T 1234 LOCATION	FF CIAN [DATE SIGNED
BP HMH - 16 60M 7/B4 (VRA 15, 4)	24 F	SPECER) Removal UNERAL DIRECTOR State Anatol	9-11-8	37	to.,	250 DAI	E REC'D. BY REGISTRAR P 1 5 1987	256, REGISTRAR'S SI	GNATURE

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064977 SEP-

director, page 3 hours after death

		FOR
1	-	STATE
		DECISTOAD

STATE OF MARYLAND DE

	JIM		INITIAL E	MIND	
PARTMENT	OF I	HEALT	H AND	MENTAL	HYGIE
CF	RTI	FICA	TF OF	DEATH	

	REGISTRAR				CERTIF	ICATE	OF DEATH	S	REG. NO	2 =	506	ر. (
	CEASED NAME	FIRST		AIDDLE		AST			Ditte of Bertini		DAY YEAR	26 HOUR	P
11317	Pat	rick	WI	IJJAM	DUN	IN, S	Sr.	S	Sept. 7,]	L987		12:30)
3. SE	X	4.	RACE		5. DATE C			6. A	GE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24	HRS_
	White		Male		May	17	1911		76	YRS.	MONTHS DAYS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR F	OREIGN 7b.		WHAT COUNTRY?	8 MADDIE	D NE	VER MARRIED	9. B.	ALTIMORE CITY O	R COUNTY	Y OF DEATH		
	Canada		U.S.A	•	WIDOWE		DIVORCED [-	Baltimo	ore Co	ounty		MD
	Eastpoint		7505	HOSPITAL, NURSING HEACILITY, GIVE STREET A Berkshire	e Roac		RINSTITUTION	LTYP	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER		126 KIND C INDUSTRY Steel	Mfgr.	SOR
13a S	AL RESIDENCE (IF NURSI STATE Maryland	Balto		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Eastpoin	٧.	YES [7	STREET ADDRESS / 505 Berks			L224	3
14. FA	ATHER'S NAME FIRST	MID	DLE	LAST		15. MOT	THER'S MAIDEN N	AME	MIODLE		IAS	ī	
	Henry	Mon	roe	Dunn		N	Margaret				Thomas	oson	
16a V	VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECU			DRMANT		ADDRE	SS			
	NO OR UNKNOWN)	(# 165, 5116 11	AN ON DATES	216.09.68	12	Pat	ricia A.	. Du	ınn (San	ne as	13e)		
	Canditions, if ony, gave rise to imm cause (o), statinunderlying cause	AS CAUSED B IMMEDIATE C which mediate g the	DUE TO, OF	A CUTE RAS A CONSEQUE C D A - NA RAS A CONSEQUE	NCE OF	ANT) C (LEAOSIS	/	3,131,13	MATE INTERVA	
-	PART 2. OTHER SIGN	HEICANT CO	nditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT REL	ATED TO THE TER	MINAL	DISEASE OR CONE	DITION GIV	EN IN PART 10		
9			CARCI		col		WITH LIL						
CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH (OPERATIO	N WAS P	PERFORMED		ES NOT		S, WERE FIND IN FYING CAUSES S		?
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216. TIME OF HOUR A.F	M. MONTH DA	Y YEAR			RRED	(ENTER NATURE OF INJUR	LY IN ITEM TS F	PART I OR PART 2}		
AED	21d. INJURY OCCURR		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM. ETC.)		CATION STREET		CITY OR TO	WN	COUNTY	STA	TE
-	AT WORK NOT WH	ık											
	228.1 certify that (1) saw the decease abave, (1) (we) (d	d alive on	9-	1- 19 8	purity.	d that in	(my) (our) opinion	n deoth	to SEPT occurred on the do	te and hou		that (I) (we causes slate	,
	27 SIGNATURE	(-	+	0	[DEGREE	ATTENDA		EDICAL CONTRACTOR		22c. DATE		
1	22d PHYSICIAN'S NA	ME ITYPE OR PR	عدما	ngels	/	122e. AD	FITTSICIAN	DIF	EDICAL STAF		9 -	8-192	57
		T. PAU		C E.			LIMONS	٤ ,	MD 21	202	2		

230. BURIAL, CREMATION, REMOVAL Cremation

23c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery

23d LOCATION
CITYOR TOWN
Baltimore

Maryland BY REGISTRAR 265, REGISTRAR'S SIGNALIPHOR

9/8/1987 24 FUNERAL DIRECTOR
Walter Brooks Bradley, Inc. Duridalk, Md. 21222

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signe should be detached for use as the burial-troasit permit. Then played the State Dept. of Health and Mental Hygiene prior to bur

IMPORTANT: If Item 21 is morked on the

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B	5	١,	FOR			DEPARTM		E OF MARYL	AND MENTAL HYG	IENE		0	e o	h	73
649	37 SEP -		STATE TEGISTRAR				CERTIF	ICATE OF I	DEATH	8 /	REG. N	0.	3 U	0	1
			CEASED NAME	FIRST		MIDDLE		ASI		20. DATE OF	DEATH	MONTH	DAY Y	EAR 2	h HOUR
9	deoth	(11,00		JSIE	M	ARGARET		EAST				9	6 8	7	7:33P J
Мом	0 0	3 SE	Х		4 RACE		5. DATE			6 AGE INY	EARS LAST BIR	THDAY)	IF UNDER	YEAR	FUNDER 24 HRS
9e 4	urs off		FEMALE		WHIT	Ξ	MONT		VEAR 08	78	3	YRS	MONTHS	DAYS	HOURS MIN.
-	Poor Die		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER	MARRIED T	9 BALTIMO	RE CITY O	R COUNT	Y OF DEA	TH	
9			Maryland	1	U.S.A	1.	WIDOWI		NORCED	Balt	imore	Cou	nty		MD
Ai	at the fe	10 C	ITY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	G HOME (the state of the s	TITUTION	12a USUAL (OCCUPATION OF COMMOST CO	ON OF WORKING	12b. K INDU	IND OF	BUSINESS OR OTHING
2 1 3	9 1		Voodlawn			Ingleside		ue		Seams	stress	3	Man	ufac	cturing
2 Poor	5 9 9	USU 13a	AL RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE C	TITY I IAA ITS?	13e.STREET	DODESS	/ 7IP COI		17	
24 24	Police Office of the second	1	Maryland		imore	Woodlav		YES 🗍	NO 🔀					oad	21207
the state of	2 sh	14. E/	THER'S NAME					15. MOTHER	SMAIDENNA			301			21207
MARYLAND	IN BC		UNKNOWN		MIDDLE	LAST			UNKNO	OWN	MIDDLE			LAST	
oke, M.	9.1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA	ANT		ADDRE	SS			
BALTIMORE,	8/2		NO	(IF TES, GIVI	E WAN ON DATES	217-03-0	676	Susan	East (Oken 97	24 Cy	pres	smede	Dr.	21043
BAL			18 CAUSE OF DEATH	1 Enter on	y one couse per	line for (a), (b), and	(c+1	-1		,			BET	PPROXIMA WEEN ON	SET AND DEATH
: 4	og per rem ever				E CAUSE (o)	Cardio	My.	walay	anest				7	Torm	ediate
PRESION SI	endir e cork in, or motic				DUE TO, O	R AS A CONSEQUE	NCE OF	Luce	2.10	· Fa				1	-
d e	move notion from		Conditions, if ony, gove rise to imm	rediote	(p)_				Mera	vair,				0	wo
of the	by the		couse (o), statin- underlying couse	2	DUE TO, O	R AS A CONSEQUE	NCEOF	ele						44	in
es #	plec urro		PART 2 OTHER SIGN	HEICANTO					TO THE TERM	IN AL DISEAS	F OR CON	DITION G	IVEN IN PA	PT 1:0	
SOS,	Then to b	N									- On Con	01110110			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir	mit.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?		ES, WERE F		
he l	hos ows	H								YES	NO		ES	USES O	NO T
L 7	Hygi Par	1 👸	210. ACCIDENT WAS UND	ERLYING _				21c. HOW IN	JURY OCCUR	RED (ENTER NA	TURE OF INJU	RY IN ITEM 18	PART I OR PA	RT 2)	
P A P	1 0 E		OR CONTRIBUTING		111	M. MONTH DA									
YSIG	S cer Sourio Ment	MEDICAL	21d. INJURY OCCUR		21e PLACE	M. OF INJURY	19	211. LOCATIO	ON						
JISIC S PH	the the cond	ME	WHILE TO NOT WH	ILE 🗀		REET, FACTORY, OFFICE, FA	ARM ETC)	STREET			CITY OR TO	WN	COUN	TY	STATE
i Z	Afte of the mort		220-1 certify that (I)	K	-1) lan-dad at	. 6	2	1/28	10 8	Ø .	9/1	6	10 8	7	
S - 5	OR.		sow the demass	d alive an	9	14 10 8		nd that in my	(our) opinion	death occurre	d on the d	ate and he	uu ond fra	n the co	
ATTA	ECT of for		obove, (I)(we))d	id) did not	lew the body	ofter death.			(50) / opinion	acom occorre	o on the di	ore one ne			
DC -C	C 0 0 0		ZZB. SIGNATURE	11		11.		DEGREE		/			771	DATEAN	LIFTYEED .

William Waterfield

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

St. Agnes Hosp. Oncology Dept.

231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 9/9/87 Burial Woodlawn Cemetery

23d LOCATION
CITY OF TOWN
Woodlawn

Baltimore Md.

24 FUNERAL DIRECTOR

21229

ADDRESS

250. DATE RECID. BY REGISTRAP 256 REGISTRAP SHOUTH THE

DHMH - 16 60M 7/84 (VRA 15, 4)

4107 WILKENS AVE HUBBARD FUNERAL HOME, INC.

188 8 F

TENDING PHYSICIAN: The low requires that the death certificate

retained by the haspital or attending physician.

TO HOSPITAL

BP.

STATE	OF	MARY	LAND
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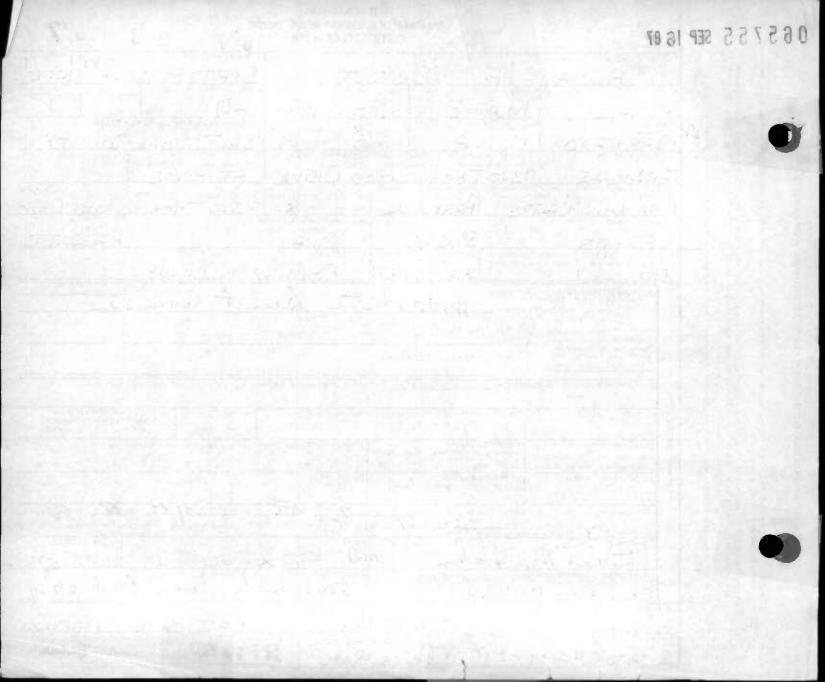
DE GIENE

PARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CEI	RTIFIC	ATE OF	DEATH	8

REG. NO.	5	0	0	7

	- REGISTRAR			REG. N		1 1
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY 19 ST	26 HOUR
	ALMA	F. S	BERT	SEPTS	MB2R14	10:45
3. SE	Х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 24 HRS
-	21000	1.115	MONTH DAY YEAR	LM	MONTHS DAYS	HOURS MIN.
) 26 B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	SEPT- 8, 1920	10 BALTIMORE CITY	OR COUNTY OF DEATH	
0	COUNTRY)	78. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	BALTIMORE CITY	- 6	11
	1ARYLAND	U. S. A.	WIDOWED DIVORCED	BALLIC	JORS LOU	OTY M
10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPAT		F BUSINESS OF
TA	IRKVILLE	Company Compan	12 woon DRIVE	A-11	ms Industri	
	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)			3/13/3/
3	STATE 136. COU	NTY I3c. CITY OR TO		13e STREET ADDRESS	11	000.
14 F	ARYLANO 13AL	TO. ILMKN	15. MOTHER'S MAIDEN N	1010	HORNEWOO	U DKI
	FIRST	MIDDLE	FIRST	WIDDLE	LAS LAS	ī
	FRANK	2081	AVS		HAS	TIZZ
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDR	ESS	
1	10	2140	1427 FAMI	LY RSCO	ROS	
	IL CAUSE OF DEATH (Fotor of	nly one couse per line for (o), (b), o		1	APPROX	MATEINTERVAL
	PART I. DEATH WAS CAUSE	D BY:	= +t	and C	BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	ware of	LEV (C	unonna	
		DUE TO, OR AS A CONSEQ	UENCE OF			
	Conditions, if ony, which	(b)				
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	LIENCE OF		W. 120 Y.	
	underlying cause last.	SOE TO, ON MS A CONSEC	Out-01			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 1:	1
NO					The state of the s	
ATE	19g. DATE OF OPERATION	196. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDIN	NGS USED
H		The second secon	TEN OWNED		IN CERTIFYING CAUSES	OF DEATH?
CERTIFICAT		The state of history	Total Commence	YES NO	YES	NO 🗌
	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	171r HOW IN HIRY OCCI		ION IN ITEM TO DART I CODDART OF	
		110110 111 11011711	DAY YEAR	JRRED (ENTER NATURE OF INJ	ORT IN HEM 18 PART I ORPART 2)	
	OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJU	DRT IN HEM 18 PART I ORPART 2)	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 21f LOCATION			
MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH P.M.	DAY YEAR 19 21f LOCATION	ORRED (ENTER NATURE OF INJ.		STATE
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 21f LOCATION STREET			
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) ottended the deceased from	DAY YEAR 19 21E LOCATION STREET	CITY OR TO	OWN COUNTY	tho (III (Ive) lo
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the descaped alive or	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) ottended the deceased from	DAY YEAR 19 21f LOCATION STREET	CITY OR TO	OWN COUNTY	tho (li ()ve) los
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the descaped alive or	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) attended the deceased from	DAY YEAR 19 21E LOCATION STREET	CITY OR TO	OWN COUNTY	tho (1) (ve) los couses stoted
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hasp sow the decased alive or obove, (1) well (idia) (did no	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) attended the deceased from	DAY YEAR 19 211 LOCATION STREET 7 19 7 200 (our) opinion DEGREE ATTENDING	to, to, to, to	ote and hour and from the	tho (1) (ve) los couses stoted
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED WHILE AT WORK AT WORK 720.1 certify that (1) (this hosp saw the deceased alive or above, (1) we didd) (did no.	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ital) attended the deceased from 7227 19 view the body offer death.	DAY YEAR 19 21f LOCATION STREET 7 19 7 7 19 7 19 7 19 7 19 7 19 7 19	, to, to	ote and hour and from the	tho (1) (ve) los couses stoted
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hasp sow the decased alive or obove, (1) well (idia) (did no	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ital) attended the deceased from 7227 19 view the body offer death.	DAY YEAR 19 211 LOCATION STREET 19 217 LOCATION STREET 19 218 ADDRESS 19 218 ADDRESS	to, to, to, to	ote and hour and from the	tho (1) (ve) los couses stoted
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED WHILE AT WORK AT WORK 720.1 certify that (1) (this hosp saw the deceased alive or above, (1) we didd) (did no.	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ital) attended the deceased from 7227 19 view the body offer death.	DAY YEAR 19 21f LOCATION STREET 7 19 7 7 19 7 19 7 19 7 19 7 19 7 19	to, to, to, to	ote and hour and from the	tho (1) (ve) los couses stoted
WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER MOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hosp sow the deceased alive or obove, (I) well (did) (did no 27) GIOTALURE 27d. PHYSICIAN'S NAME (TYPE OR DECEASED	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE ital) ottended the deceased from (b) view the body biter death. 22 PREINT)	DAY YEAR 19 211 LOCATION STREET 19 217 LOCATION STREET 19 218 ADDRESS 19 218 ADDRESS	, to	ote and hour and from the SEP	tho (1) (ve) los couses stoted
WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hosp sow the descared alive or obove, (I) (we) (did) (did not 27) GIONNATURE 27d. PHYSICIAN'S NAME (TYPE OR	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE itol) ottended the deceosed from 227 19 21) view the body office death. 23b. DATE 23c.	DAY YEAR 19 211 LOCATION STREET 7, 19 27, ond thot (my) (our) opinic DEGREE ATTENDING PHYSICIAN 27e ADDRESS	Table Course on the december of the december	ote and hour and from the 122c DATE SEP	tho (1) (ve) lo
WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER MOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hosp sow the deceased alive or obove, (I) well (did) (did no 27) GIOTALURE 27d. PHYSICIAN'S NAME (TYPE OR DECEASED	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE ital) ottended the degeosed from DI) view the body biter death. OR PRINT) 23b. DATE 23c.	DAY YEAR 19 21f LOCATION SIREET 7 19 27 27 27 27 27 27 27 27 27 2	medical STA DIRECTOR PHYSICAL ROLL 234 LOCATION CITYORTON CITYORTON	ote and hour and from the life CIAN SEP	the (III) we) locouses stoted SIGNED TO 1,5 19 2/2/35 ARYLAN
WEDICAL OF THE PROPERTY OF THE	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK IN ONE Sow the decessed clive or obove, (1) we idid id do not obove, (1) we idid idid not obove. 72d. PHYSICIAN'S NAME (TYPE CONTRIBUTE) BURIAL, CREMATION, REMOVAL (SPECERY)	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE ital) ottended the degeosed from DI) view the body biter death. OR PRINT) 23b. DATE 23c.	DAY YEAR 19 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 ADDRESS STOD NAME OF CEMETERY OR CREMATORY COLY RSOSMS R	medical STA DIRECTOR PHYSICAL ROLL 234 LOCATION CITYORTON CITYORTON	ote and hour and from the 122c DATE SEP	the (III) ve) lo couses stoted SIGNED TO 15 19 2/2 39

DHMH - 16 60M 7/84



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

60	200	1.5	0	0
6 10	0.00	140		15
				7

н	KEODIKAK						REG. NO.				
1	1. DECEASED NAME FIRST	35/11	MIDDLE	l	AST		20. DATE OF DEATH MONTH	H DAY YE	EAR	26 HOU	JR
I	Lilli€	9		Eby			September 14	, 1987			М
ľ	3. SEX	4. RACE		5. DATE C		WEAR	6 AGE (IN YEARS LAST BIRTHDAY)			IF UNDER	24 HRS
ı	Female	White			ust 10,	1912	75	YRS.	DATS	HOURS	MIN.
Λ	78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	DXX NEVER MA	PRIED []	9 BALTIMORE CITY OR CO	UNTY OF DEAT	TH		
1	Mississippi	J	JSA	WIDOWE		DRCED [Baltimor	re Count	y		MD.
1	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	120. USUAL OCCUPATION			BUSINE	ESS OR
4	Dundalk		ornwall Ro	_			Data Process			. St	teel
7	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	R OTHER INSTITUTION,		ADMISSION)	1 13d. INSIDE CIT	V I IAA ITS?	13e.STREET ADDRESS / ZIP				
2	Maryland Balt		Dundalk			10 XX	3430 Cornwa		ł	212:	22
1	14 FATHER'S NAME				15 MOTHER'S	MAIDENNA	ME				
A	Joseph	WIDDLE	Buckele	€W	Lot	tie	WIDDLE	F	Pitt	man	
1	169 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADDRESS				
1	(16 YES, G	IVE WAR OR DATES)	426-10-3	3999	David	Eby	3430 Cornwal	1 Road	212	22	
i	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), one	d (c).)				BET	PPROXIM	NATE INTER	VAL
1	PART I. DE ATH WAS CAUS	ED BY: ATE CAUSE (o)	Desper	- 1	Fail	Ne				The Parity	
1	IMMEDIA		-		1						
1	Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	NCE OF	LAMO	1 0 9	the Kidney				
1	gove rise to immediate couse (a), stating the	(6)	1	, , , , ,		6					
1	underlying cause lost	DUE TO, O	R AS A CONSEQUE	NCE OF			A				
١	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	AIN AL DISEASE OR CONDITIO	N GIVEN IN PA	RT IIo		
١											
Ħ	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED		IF YES, WERE F			
A	Ě						YES NOT	CERTIFYING CA	USESC	NO [
7	210. ACCIDENT WAS UNDERLYING			W WEAR	21c HOW INJU	JRY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PA	R1 2}		
1		AIN	M. MONTH DA M.	YEAR							
П	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	1		COUN	aT to		
П	WHILE NOT WHILE D	(AT HOME, STE	REET, FACTORY OFFICE, FA	ARM ETC)	STREET		(ITY OR TOWN	COOM	1 4	2	STATE
ı	220.1 certify that (1)(this has	ital) attended th	e deceased from	Ju	Ma	10 87	10 Dresent	19	1)	hot (1) (v	we) lost
ı	saw the deceased alive above, (1)(we) (did) (did a	C 1		8') or	nd that in (10) (c	our) opinion	death accurred on the date on	d hour and from		-	
1	22b. SIGNATURE	bt) view the body	offer death.		DEGREE			224.1	DATES	IGNED	
1	Source (1	Julyle	wa de	-D.		TENDING	MEDICAL STAFF	9	1/20	1/8	7
Н	22d PHYSICIAN'S NAME CTYPE	OR PRINT)			22e ADDRESS	IYSICIAN [DIRECTOR PHYSICIAN			7	
١	L. WATER	BURY U			FSKH	. 6 -	4940 Earl	con Bo	ex	Kel	.21204
+	23a BURIAL, CREMATION, REMOVA	- //	123. K	JAME OF C	EMETERY OR CR		123d LOCATION	, 3-		4	
	ISPECIFY) Burial	9-17-			on Fores		CITY OR TOWN	VINUOS MONTH	and		STAIL
1							Baltimor TE REC'D. BY REGISTRAR 256 R	EGISTRAR'S SK	GNATU	RF	
	792	Wise A	ve. Dunda	lk, M	D 2122			dia Devid			ARD.
-1	172					~ ~	2001				

TO FUNERAL DIRECTOR Should be detached with the State Dept. MPORTANT: II FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ì	1 01	REGISTRAR			CEKITI	ICATE OF DEA	III	0 /	REG. NO.	3	76
		CEASED NAME FIRST		MIDDLE		AST		2a. DATE OF D		DAY YEAR	26 HOUR
		Levi	s C	Ed.	er.	īr.	108		Sept.	2. 1987	, M
1	3. SEX	X	4 RACE		5. DATE O		6	S. AGE ITN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
		Male	Wh	ite	Jul	y 28,	1912	75	YRS	MONTHS DAYS	S HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MAR	0150	BALTIMORI	CITY OR COUN		
١		aryland	USA	of the said	WIDOWE			Balt	imore Co	unty	MD
)	10 CI	SSEX 21221	LIE NOT IN SUI	HOSPITAL, NURSING HEACHITY, GIVE STREET A PLANE	G HOME C			USUAL OC TYPE OF WORK F	CUPATION OR MOST OF WORKING	GUEEN INDUSTR	OF BUSINESS OR
	13a. S			13c CITY OR TOWN		13d INSIDE CITY I	LIMITS?		DDRESS / ZIP CO		
١	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MA			MIDDLE		AST
1		Lewis	-	er, Sr.				Rutsch			ASI
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	10	100	ADDRESS		
		No	- CREATES	213 07	5560	Catheri	ne C.	Eder	Same		
	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO	1		DR CONDITION C	GIVEN IN PART	1(0
-	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOP	IN CER	YES, WERE FIND ETIFYING CAUSE YES [
		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	AIR	FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM I	8 PART OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET			CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this hosp sow the deceased alive a above (I)/(we) (did) (did ni	213	1 19		nd that in my) (our		to			e, that (I) (we) last ne couses stated
		22b. SIGNATURE	Mul	ier.	1	AND PHYS	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c DAT	3/87
		22d. PHYSICIAN'S NAME (TYPE)	NC			22e ADDRESS	Casi		Blud		
1	23a B	URIAL, CREMATION, REMOVAL	236 DATE 10	23c N	AME OF	EMETERY OR CREA	MATORY	23d. LOCATI	ON C	· · · Ma	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Oak Lawn Cemetery

Funeral Home PA 1407 Old Eastern Ave. SEP 4 1987 Julia Dinder Julia Dandern Poor

Topology of the control of the contr

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIEN

EFARI	WELL!	Jr ni	CALIF	IANU	MENTAL
	CER	TIF	CAT	E OF	DEATH

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	DEC	NO "	~	400		- 6

			MIDDLE		AST							
I. DE	CEASED NAME FIRST		MIDDLE	L	ASI		20 DATE OF DEA	TH MONTH	, DAY	YE AR	26 HOU	R
(1800	MAMIE		L.	EIERM	IAN			9	8	87	12:0	SE !
3. SEX	X	4. RACE	, —	5. DATE C		6	. AGE IN YEARS L	AST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER	24 HRS
	FEMALE,	CAU	0	MONTH	DAY 1	800	97		MONT	HS DAYS	HOURS	MIN.
7a BI	RTHPLACE ASTATE OR FOREIGN		WHAT COUNTRY?	8	20,10	90	BALTIMORE C		RS.	DEATH		_
) (COUNTRY			MARRIE	D NEVER MARI	RIED -				DEATH		
-	ryland	U.S.		WIDOWE			Baltimo					M
10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUT		120 USUAL OCCI		NG LIFET IT	ADUSTRY		SS OF
Ra	ndallstown	Baltim	ore Count	ty Gen	eral Hos	pital	Homema			Own I	lome	
	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY L	LIMITS?	30 STREET ADDE	FSS / 7IP C	ODE			
Ma		imore	Baltimon			[X]	3.STREET ADDR	dgewoo	d Rd	. 2	21234	
14. FA	ATHER'S NAME				15. MOTHER'S MA		E					
Pe		WIDDLE	Resh		Lizz	ie	C	DLE	Α	llisc	ก	
	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	IPITY NO	17 INFORMANT		estminst			157		
	VES NO OR LINKNOWN) LIE YES GIV	E WAR OR DATES	212-05-2				zelip-1				Δ	
NO	<u>'</u>		212-03-2	2/1/0	Lieanor	E. Ra	izellb-1	Jo ren	шѕут			
	18 CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), on	id (cu)	0.1~					BETWEEN	MATE INTER	VAL DE ATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	ASC	UD	CHF							
	IMMEDIA				,							
				ENICEOE								
		DUE TO, O	R AS A CONSEOU	EIACE OF								
	Conditions, if ony, which	((b)_	R AS A CONSECUI	ENCE OF								
	Conditions, if ony, which gove rise to immediate couse (0), stating the	(b)_										
	gove rise to immediate	(b)_	R AS A CONSEQUE									
	gove rise to immediate couse (a), stating the underlying couse last.	(b) DUE TO, O	R AS A CONSEOUI	ENCE OF	NOT BELATED TO	THE TERMIN	IAI DISCASE OR	CONDITION	I C NEN I	NO ART 1.		
Z	gove rise to immediate couse (a), stating the	(b) DUE TO, O	R AS A CONSEOUI	ENCE OF	NOT RELATED TO	THE TERMIN	IAL DISEASE OR	CONDITION	GNENI	N PART III	D.	
TION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((b)	IR AS A CONSEOUI	ENCE OF DEATH BUT								
ICATION	gove rise to immediate couse (a), stating the underlying couse last.	(b)	R AS A CONSEOUI	ENCE OF DEATH BUT			VAL DISEASE OR	206. 11	F YES, WE	RE FINDIN	NGS USED	
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((b)	IR AS A CONSEOUI	ENCE OF DEATH BUT				206. II	F YES, WE		NGS USED	H?
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((b)	ONTRIBUTING TO I	ENCE OF DEATH BUT	N WAS PERFORME	ED	200 AUTOPSY	206. II	F YES, WEERT IFY INC	RE FINDING CAUSES	IGS USED	H?
AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	(b)	ONTRIBUTING TO I	ENCE OF DEATH BUT OPERATION AY YEAR		ED	200 AUTOPSY	206. II	F YES, WEERT IFY INC	RE FINDING CAUSES	IGS USED	H?
	gove rise to immediate couse (0), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINES)	DUE TO, O (c) I 9b. COND I 9b. COND ATH HOUR A.	ONTRIBUTING TO I	ENCE OF DEATH BUT	N WAS PERFORME	ED	200 AUTOPSY	206. II	F YES, WEERT IFY INC	RE FINDING CAUSES	IGS USED	H?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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F O L	3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
age 4 r		Male	White	April 18 1927	7 60 _{YRS.}	MIN.
neral d 72 ho	5	BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	- (7)	inty MD.
by the further de within	10	Dundalk	11. NAME OF HOSPITAL, NURSI (JE NOT IN SUCH EACHLITY, GIVE STREE 763 FULDROOK	NG HOME OR OTHER INSTITUTION (LADDRESS)	N 12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
filled in nonfiles in	US 130	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	or other institution give residence before Inty or joy alto. Dunda			ad 21222
MARYL Markety	7	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
BALTIMORE, A of the complete	160.	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ane Brown Br	
W. PRESTON ST., In the death cert is by the attending passer remove corbands, cremoin, arremonanter traumotic even		Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	Cance	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
y.	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN	IN PART No
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law requi r attending physicion. Wher this certificate hos been sig as the buriol-tronsit permit. The th and Mental Hygiene prior to I the ord Mental Hygiene prior to I orked or hemal Shaws any injuri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicio this certificate the buriol-tronsit ad Mental Hygie d or frem 8 sho	41	OR COLUMNIA CALIFF OF C	CAIN	PAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I ORPARI 2]
DIVISION ING PHYS r attendin strer this c as the bur Ith and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN spital or CTOR: Af for use a of Health		saw the deceased alive a	on		pinian death accurred on the date and have a	, that (1) (we) lost and from the causes stated
by the has by the has ERAL DIREC State Dept.		22b. SIGNATURE	- Ban	DEGREE ATTEND PHYSIC	DING MEDICAL STAFF	9-17-87
HOSPITAL Coined by the Study be definitely be definitely to Study be definitely the State (State State		22d PHYSICIAN'S NAME (TYPE	12 1	22e ADDRESS 9512 17	for trust Med Bul	+ M d 20234

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

HollyHillCemetery MiddleRiver Baltimere Maryl

DRESS
k 21222

SEP 1 8 1987

DHMH - 16 60M 7/B4

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

Burial 9/19/87 HollyH
M FUNERAL DIRECTOR
ConnellyFuneralHome of Dundalk 21222

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

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	0-0	110	dia	-	100	-	

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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O HOSPITAL ATTENDING PHYSICIAN: The lo moined by the hospital or attending physician.	2	-0	5	Z.	_
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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

1	REGISTRAR					REG. NO		
	1. DECEASED NAME FIRST	A	NIDDLE	i	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR P.
١	DOROTE	TY		E	NGEL	SEPTEMBER 21	,1987	3:30 M
	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	HOURS MIN.	
	FEMALE	WHITH	3	FEB		94 YRS	Mooks Alle.	
201	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
)	MARYLAND	USA		WIDOWE	DIVORCED [BALTIMORE CO	UNTY	MD
1	BALTIMORE	(IF NOT IN SUCI	OSPITAL, NURSIN H FACILITY, GIVE STREET ANTON F	ADDRESS)	ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	(FE) INDUSTRY	HOME
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 130 COU MARYLAND BA		GIVE RESIDENCE BEFORE 13(. CITY OR TOWI BALTIMO	N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 3501 ANTON FARM	s RD.	#21208
d	14 FATMER'S NAME FIRST LOUIS	MIDDLE	BERMAN		15. MOTHER'S MAIDEN NA/ FIRST FANNIE	WIDDLE	LDSTEIN	AST V
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) {IF YES, GI	RMED FORCES?	215-32-	86241		S. PEGGYAFRANKEL ARMS RD. BALTO		21208
1	18 CAUSE OF DEATH (Enter o			-	3301 ANION F.	ARTIS RD. BALIO		XIMATE INTERVAL NONSET AND DEATH
		DUE TO, OF		nce of 1		MIA art Disease III ALD DISEASE OR CONDITION GIVE		years
	HUIT PI	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FIND FYING CAUSE ES	
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF IN)URY IN ITEM 18	PART I OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (DF INJURY EET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this hosp saw the deceased alive a above, (I) (ma) (did) (did no	9-1	19	6,7	-30 , 19 8 4 nd that in (my) (**) apinian (death accurred on the date and have		, that (I) (we) last e causes stated
	226. SIGNATURE	cent	soeful	B ,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE 9-	22-87
	22d PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS			
	WARREN ISRAEI	., M.D.			8417 BELLON	A LA. BALTO.	MD 212	204
1	230 BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
İ	BURIAL	SEPT.23,	1987 BA	LTIMO	RE HEBREW	REISTERSTOWN	BALTO	O. MD

21215

SEPT.23,1987

SOL LEVINSON & BROS., INC.

BALTO.,MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

SEP 24 1997 (47 274-174-14

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

87	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE REG. NO	2 5	U	13
	CE ASED NAME	FIRST	MIDDLE	LAST		MONTH DAY	YEAR	2b HOUR
		William Fa	rle Euler		9/2/87	*		1040 AM
154		4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
	· Male ·	Car	ucasian ^	1/29/26	61	YRS.	HS DAYS	HOURS MIN.
	INTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR		DEATH	
	Maryland	U.S.		OWED DIVORCED	Baltimo	re County	7	MD.
10 C	ITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 1:	26. KIND C	OF BUSINESS OR
	Woodlawn		indsor Mill Ros		Store Owner	WORKING LIFE) IN	NDUSTRY Eule	r's Marke
USU 13a.	IAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION L COUNTY Baltimore	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 6745 Windson		2	1207
14 F	ATHER'S NAME			15. MOTHER'S MAIDEN NA		MILLI RO	u	
	Alvin N. Eule	WIDDLE	LAST	Anna H. Eit	hamiller MIDDLE		LAS	57
	WAS DECEASED EVER IN		166 SOCIAL SECURITY N		Laverne Euler	is		
- 1	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	703-07-9819				Mona	2122
			line for (a), (b), and (c).)	1 0/45 WILLBOLL	ALLI REAL I	T		land 21207
	PARTI. DEATH WAS	CAUSED BY:	Cardiopu	O- man A	VIDET		BETWEEN	ONSET AND DEATH
	IM	MEDIATE CAUSE (0)			7760		700	
	Conditions, if ony, w		RAS A CONSEQUENCE O	T Molanom	a Emet	1	3	11.01
	gove rise to immed	diote	7		2	1		y sa
	underlying couse		R AS A CONSEQUENCE O	DF .			(
	PART 2 OTHER SIGNIF		ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN I	N PART 11	n l
ON	THE PARTY OF							
CERTIFICATION	190 DATE OF OPERATIO	N 196 COND	TION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	VGS USED
TIF					YES NO	IN CERTIFYING	CAUSES	NO
CEF	210. ACCIDENT WAS UNDERL		FINJURÝ M. MONTH DAY Y	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I	OR PART 2)	
CAL	OR CONTRIBUTING CAUS	SE OF DEATH		19				
MEDICAL	21d INJURY OCCURRED		OF INJURY EET, FACTORY, OFFICE, FARM, ETG	211 LOCATION	CITY OR TOW	N (COUNTY	STATE
2	WHILE NOT WHILE AT WORK	□ (AT NOME, SI	EET, PACTORY, OPPICE, PARM, ETC	2 Sincer	CITT ON TOWN		.00	STATE
	22a.1 certify that (I) (the sow the deceased on open (I) away (did)		2 10 807	ond that in (my) (our) opinion	death occurred on the date	2 19 e and hour and	0 37	that (I) (we) last couses stated
	226. SIGNATURE	0	01101 000111.	DEGREE			22c DATE	SIGNED
	Motura	Susconer	N	ATTENDING PHYSICIAN D	MEDICAL STAFF	AND	9/21	187
	22d. PHYSICIAN'S NAME	E (TYPE OR PRINT)		22e. ADDRESS			, ,,,,,,	
23a (BURIAL, CREMATION, REA	MOVAL 236. DATE	23c. NAME (OF CEMETERY OR CREMATORY	23d LOCATION			
6	(SPECIFY) Burial	9/5/8		Lawn Cemetery	Woodlawn	Balto.	YINU	STATE
24. F		Loring Byers 1	uneral Directo	Tre 250. DAT	E REC'D. BY REGISTRAR 25		SIGNAT	
			stown Maryland		4 1987 Au	lia Davido	m. Par	due

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66759 SEP 25 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

FOR - STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

7 REG. NO.

I DECEASED		N	NIDDLE	(AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HO	UR
TITTE OR PRINT	EMILY	ELIZ	ABETH	E١	ANS			9	19	87	1:2	20A M
3 SEX		RACE		5 DATE C	OF BIRTH		6. AGE IN YEARS LAST	BIRTHDAY)		RIYEAR		R 24 HRS
F	EMALE	BL	ACK	nonte	19	1900	87	YRS	MONTHS	DAYS	HOURS	MIN.
		CITIZEN OF	WHAT COUNTRY?	8	D NEVER	WARRED []	9 BALTIMORE CITY	OR COUN	NTY OF DE	ATH		
MARYL		U. 9	5. A.	WIDOWE	-	NORCED	BALTIMO	RE CO	UNTY			MD.
BALT:		(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET, L CROMWEL	ADDRESS)	OR OTHER INS	TITUTION	174 USUAL OCCUP.	ATION STOF WORKING	GEFET IND	KIND O DUSTRY DER/		OVT.
USUAL RESI 130. STATE MARYL	AND 136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW LUTHERV I	N	13d INSIDE C		136 STREET ADDRES 513 W. SE	S / ZIP CO M LNAR	Y Ave	HERV	VILL 2109	E, ME
14 FATHER'S		DOLE	AYERS			S MAIDEN NAM NNTE	MIDDLE			LAS	1	
	CEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT	ADI	E uthe	ervil	le,	Mary	/land
NO	JE GIAKNOWIA)	WAR OR DATES	578050	756	JOSEPH	O. EVA	NS 513 S ei					
Cand gave cause unde	RT I. DEATH WAS CAUSED IMMEDIATE ditions, if any, which rise to immediate (a), stating the orlying cause last.	DUE TO, OF	~	NCE OF				NOITIDNC	GIVEN IN	PART 110	0	
19a DA	ATE OF OPERATION	III COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20e AUTOPSY?	IN CER	YES, WER		OF DEA	ATH?
- M 210 A	CCIDENT WAS UNDERLYING	21b. TIME O	F IN ILIRY		121r HOW IN	VILIBA OCCIDOR	YES NO		YES .	DARE 21	NO	
00.00	INTRIBUTING CAUSE OF DEATH	110110 4	M. MONTH DA	AY YEAR 19		TORT OCCORR	ED (ENIER MATURE OF I	TOURT IN THEM	IS PART TO	(PAKI 2)		
WEDICAL STATE OF CALC		21e PLACE (OF INJURY EET FACTORY, OFFICE F	ARM, ETC }	21f LOCATI		CITY OF	RIOWN	cc	PUNTY	-V	STATE
50	certify that (I) (this haspitalism the deceased alive an abave, (I) (we) (did) (did nat)		19	, o	nd that in (my	, 19) (aur) apinian d	, ta leath accurred an the	date and	19 haur and f			(we) last tated
22b. S		- Kon	releve	Cui		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [27	9-2	SIGNED	7
22d. PI	M C. KOWA	LEW	ici N	us	220 ADDRES		ARFORD	nl	-			
23a BURIAL	CREMATION, REMOVAL	236. DATE		NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUN	4TY		STATE
	BURIAL	9/23/	1987 Mt	. Aut	ourn Ce	metery	Baltimo	re.		Mar	vlar	nd

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, IF B

24 NOTTER TENERAL HOMES, INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 2 4 1987 Julia Diction Ruders

Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia

(VRA 15, 4)

65742 SEP 16

STATE OF MARYLAND

DEPART

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8	/ REG	No. 2	5	0	1
1407.	Za DATE (OF DEATH	MONTH	Davi	YEAR	12b. +

0

80	7	REGISTRAN			******	isans or wantin	REG. NO	3. **		
٦		EASED NAME PAST		WEOLE	1	A01.	In DATE OF DEATH	WORLDH DAY	YEAR	76. HOUR
1	LI TIPE	AD AD	OLF R.	EYRING			09-02-87			M
ı	1.58)		4 RACE		5 DATE C		& AGE INTERESTRATER		SARY I PROPE	FUNDER 24 HPS
1		MALE	WHIT	F	MONTH	0-18-1919	6.7	YRS.	SHS DAYS	HOURS MAN
1	7a. 84		And in case of the last of the	WHAT COUNTRY?	1		9 BALTIMORE CITY O		DEATH	
/1		GERMANY	11.5	A.	WIDOWE	D NEVER MARRIED	RΔI	TIMORE	Co	MD
7	18. CI	TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL, NURSIN	-	OR OTHER INSTITUTION	17e USUAL OCCUPATI		THE RESERVE OF THE PERSON NAMED IN	F BUSINESS OF
1		BALTIMORE	ST	JOSEPH		ITAL	LITTE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
+	USU/	AL RESIDENCE OF HURSING HOME OF	-			TIME			-57	POWIE .
1	13a. S	TATE III COUN		Hr. CITY OR TOW	2112-12	134 PASIDE CITY LIMITS?	13x STREET ADDRESS		DC/	0434
+	14 64	MD BAL	TIMORE	BALTIM	ORE	15 MOTHER'S MAIDEN NA	A CONTRACTOR OF THE PARTY OF TH	KTOWNE	RD	-
٦			100a	EVEN 1	11	D 1811	NEOU	14	Inth'	MARAN
4		VAS DECEASED EVER IN U.S. ARI	ACD FORCES	THE SOCIAL SECU	0	17 INFORMANT	ADDR	33	VOR	VENTIN
1	100 V		WAR ON DATES			17. POPORMANO	2 7	Ecor	275	
ļ		165 Wil	Vitt	219-03	-021	F	ANIA L	EC019		
1		PART I DEATH WAS CAUSE	ly one couse per	line for (a), this an	diei			-	BETWEEN	MATE INTERVAL DIVISE MAN FAINE
			E CAUSE (a)	Allen	-	c dyfure	low me	Leston	18	Ma
٦	100	515996531655	DUE TO O	R AS A CONSEQUE	NCE OF	,				
1	3	Conditions, if any, which	(Managar Managar	enerosni.					
А	300	gave rise to immediate) ""	1 2000520	No.					
1	1	cause (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF				100	
1		PART 2: OTHER SIGNIFICANT C	ONIDITIONS CO	ONTRIBUTAIC TO	DEATH BUT	NOT BELATED TO THE TERM	UNIAL DISEASE OR CON	OCION CARA	BURNET III	
1	z	THE STATE OF THE S		WITH MULTIPLE S	The state of the s	TO THE TENTO	III THE DIVERSE OF CO.	A CONTRACTOR OF THE PARTY OF TH	225 400 10	
4	CERTIFICATION	19a DATE OF OPERATION	TIM COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20s AUTOPSY2	206. IF YES, W	VERE FINIDIP	NGS USED
	FIC		Mesecania				YES [] NO[]	IN CERTIFYIN		OF DEATH?
4	ENT	The ACCIDENT WAS LINEIRITYING [71k TIME C	OF INJURY		21t HOW INJURY OCCUR	South South		urf.	NOL
71		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M. MONTH D				Part No.	157,0150	
9	MEDICAL	214 INJURY OCCURRED	71s PLACE	M.	19	711 LOCATION				
1	MED			HET FACTORS OFFICE, F	ARM TYC	THE COCKESSION	City of to	north.	COUNTY	STATE
1		AT HORE O ACT WHILE OF								
- 1		The I certify that (I) (this hospe saw the deceased alive on	471 4		F in	d 19 # C	10 Cot	THE PARTY OF THE P		that (It (we) last)
-1		above, (II (we) (did) (did no			0	nd that in (my) (our) opinion	death occurred on the d	offe and hour or	A Property of	Series Comments
- 1		77h SIGNATURE		1. 1	1	DEGREE ATTENDING	MEDICAL STA	er.	Th. DATE	SIGNED
		and		want	_	ANT PHYSICIAN	DIRECTOR PHYSIC	MAN	7/2	157
1		274 PHYSICIAN'S NAME ITHE	e Henri			22s ADDRESS			-5-1	
		A-M 1	1 Ve	Spiel		76 W 76.	-12 Ad	Towson	M	DZILLY
1	236.1	SURIAL CHEMATICAL REMOVAL		-	HAME OF C	EMETERY OR CREMATORY	234 LOCATION		-	
	2	RURIAL	09-0	4+987m	105/	HOLY REDEFIN	SR 8227	mores	TLI	4. 100
- 4	-	2 - 2 - 1 - 1 - 1		THE RESERVE AND ADDRESS OF THE PARTY.	20 21 11		1 11 11 111	-		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Nem 21 is

TO FUNERAL DIRECTOR, After this certificate has been ugned by the attending physicials should be detached for use as the burial-trains's permit. Then please response carbon papers with the State Dept, of Health and Mental Hygienie prior to burial, crefibation, or remand.

1 - STATE

EVANS CHAPELOF MODESMORIES

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The Property of the State of th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	P+	REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO	. Z5 c	, (
Ì		CEASED NAME	FIR51		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY Y	26: HO	1
L			Roy W	illiam	FARNER	Sr.		September 4		4:3	
I	3. SEX	Male		4. RACE Whit	e	5. DATE O	ust 28, 1918	6 AGE (IN YEARS LAST BIR	MONTHS	DATS HOUR	DER 24 HRS
d		RTHPLACE (STATE OR F	ORE CA		WHAT COUNTRY?	1		9 BALTIMORE CITY O	YRS P COUNTY OF DEA	TH	
1	ra. Dir	Tenness	see		JSA	MARRIE	D NEVER MARRIED DOORCED	Baltimore	_		MD.
Ī	10 CI	TY OR TOWN OF DEA	TH	(IE NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATI	OF WORKING LIFE) INDU		NESS OR
ł	DISTLA	ROSSVILLE AL RESIDENCE (IF NURS	ING HOME OF	Frank	clin Squar	re Ho	spital	Local 438 S	Steam_Flitt	ers	
ı	13a. S	STATE	13b. COU	VIY	13c. CITY OR TOW	'N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
l		Maryland	Ba	ltimore	Baltimo	ore	YES NO T	723 Old 1	North Poin	t Road	2122
I	H. FA	Dell		MIDDLE	Fari	ner	Viola	WE	S	tränge	3
t	60 W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
ı	(1	NO OR UNKNOWN)	(11 123.01	TE WAR OR DATES	243-05-0	377	Rachel Farm	ner 723 Old	North Poi	nt Rd.	2122
ř		IB CAUSE OF DEAT	M (Entai a)	du can coura na	line for (a) (b) an	dicii			aci aci	PPROXIMATE IN	TERVAL
	CERTIFICATION	PART 2 OTHER SIGN					T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PA		SED
l	TIFIC	, a pare or oreas						YESXX NO	IN CERTIFYING CA		ATH?
1	CAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PA	ART 2)	
I	MEDI	21d. INJURY OCCUR	HILE []		OF INJURY REET, FACTORY OFFICE I	FARM, ETC)	211. LOCATION STREET	CITY OR TO	NWC COUN	NTY	STATE
١		220.1 certify that (1) saw the decease above (1) (we) (a	(this hosp ed alive or	Septem	he deceased from _ Der 4 19	Septe 87.	mber 1 , 1987 and that in XX (our) opinion	death occurred on the d		, mor i	(we) last
I		226 SIGNATURE	A	hels W.	Z mo		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF \	DATE SIGNE	D 7-
1		22d PHYSICIAN'S N	- ,	orprida 11y Wong	g, M.D.		9000 Frankli	n Square Dr	., 21237	, ,	
1		BURIAL, CREMATION,	REMOVAL		9-87	NAME OF O	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltin	more, Mary	land	STATE
I	24 FU	UNERAL DIRECTOR		ck Funer se Ave.	ral Home Dundal	of Du	ndalk, Inda DA			GNATURE	

SEP 8 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR should be deteched for w with the State Dept. of He PORTANT: # 18

STATE OF MARYLAND

ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE	1	REG.	NO.	5	U	1	
LAST	2n D	ATE O	DEATH	MONTH	DAY	YEA	R .	26 1

- 1				STAT	E OF MARYLAND			
S	P 2	ATADY REGISTRAR	DEI		EALTH AND MENTAL HYGI	8 / REG. NO	250	13
-		CEASED NAME FIRST	WIDDLE	L.	LAST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
	11116	SANT:	INA	FERT.	TITTA		9 24 87	7 5:15A
1	3 SEX	(4 RACE	5. DATE C		6. AGE IN YEARS LAST BIR		
	9	Female	White	2	2 1899	88	YRS.	DAYS HOURS
1	70 BI	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.		9 BALTIMORE CITY O		н
		alv	U.S.A.	WIDOWE	D NEVER MARRIED D	Baltimore	County	
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C		120 USUAL OCCUPATION	ON 126. KIN	ND OF BUSINES
1	Ca	tonsville	Summit Nurs			Homemaker	WORKING LIFE) INDUS	TRY
20	USUA	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION				
m		rvland Ba	ltimore Lanso		13d INSIDE CITY LIMITS? YES \(\sum \) NO \(\overline{	13. STREET ADDRESS		227
1		THER'S NAME	LINOIE Lanse	JOWITE	15. MOTHER'S MAIDEN NAM	151 Clyde	Avenue 21	1227
3		FIRST	MIDDLE LA		FIRST	WIDDLE		LAST
	14- 11	Joseph VAS DECEASED EVER IN U.S. A	Laphe	ella LI SECURITY NO.	Domenica 17 INFORMANT	ADDRE	20	ocola
71		ES, NO OR UNKNOWN) JIF YES,	GIVE WAR OR DATES)					
		NO L	218-0	03-0376	Salvatore Fe	rtitta 151		
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for (a),	(b), and (c).1				PROXIMATE INTERV
			IATE CAUSE (0)	cell can	noise of the lu	ng		1 mostly
	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION A CHF COLO			NAL DISEASE OR CON	DITION GIVEN IN PAR	RT IIo
	ATIC	19a DATE OF OPERATION	196. CONDITION FOR V	4	1	20a AUTOPSY?	20b. IF YES, WERE FI	
								NDINGS USED
1	FIC	1/2			THE TENTONIED	- 2 × 2	IN CERTIFYING CAL	JSES OF DEATH
1	ERTIFICA	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		22	YES NO	YES 🗌	JSES OF DEATH
1	AL CERTIFICATION	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT		21c. HOW INJURY OCCURR	YES NO	YES 🗌	JSES OF DEATH
1		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES	USES OF DEATH
1/1	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONT	19	22	YES NO	YES	USES OF DEATH
121		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH NER) HOUR A.M. MONT P,M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, O	OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR	YES NO	YES TO THE TOTAL T	VSES OF DEATH NO TO THE PROPERTY ST
151		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (II) his ho	HOUR A.M. MONT P.M. 21e PLACE OF INJURY	OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR	YES NO CITY OF TO	YES THE TOTAL TOTA	Y st
151		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURED WHILE NOTIFY MORE AT WORK NOTIFY HOT OF THE NOT	HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY.)	19 OFFICE, FARM. ETC.) from 2/19 19 87, 00	21c. HOW INJURY OCCURRING TO THE PROPERTY OF T	YES NO CITY OF TO	YES OVER 18 PART I OR PART	y st
1-1		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURSED WHITE AT WORK NOTIFY HOTEL OF COURSE	HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY.) spital) attended the deceased	19 OFFICE, FARM, ETC.) from 2/19 19 87 , 00	21c. HOW INJURY OCCURRING 21t. LOCATION STREET 19 87 nd that in (aur.) apinion d DEGREE	YES NO CITY OR TO PLANT OF THE PLANT OF TO PLANT OF TO PLANT OF THE PL	YES OVER THE PART I OR PAR	y st ho (1) w
111		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURSED) WHILE NOT WHILE AT WORK 220.1 certify that his ha	DEATH NER) P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY.) spital) attended the deceased view the body after death. Male.	19 OFFICE, FARM, ETC.) from 2/19 19 87 , 00	21c. HOW INJURY OCCURR 21lt. LOCATION STREET 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO CITY OF TO	YES TO YINITEM 18 PART I ORPAR WN COUNT The and house and from 22c. D	y st ho (1) w
111		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURSED WHITE AT WORK NOTIFY HOTEL OF COURSE	DEATH NER) P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY.) spital) attended the deceased view the body after death. Male.	19 OFFICE, FARM, ETC.) from 2/19 19 87 , 00	21c. HOW INJURY OCCURR 21t. LOCATION SIREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO CITY OR TO POLICE OF MULLINE OF MULLI	YES TO YINITEM 18 PART I ORPAR WN COUNT The and house and from 22c. D	y st ho (1) w
11		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURSED) WHILE NOT WHILE AT WORK 220.1 certify that his ha	DEATH NER) P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY.) spital) attended the deceased view the body after death. Male.	19 OFFICE, FARM, ETC.) from 2/19 19 87 , 00	21c. HOW INJURY OCCURR 21lt. LOCATION STREET 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO CITY OR TO POLICE OF MULLINE OF MULLI	YES ON YINITEM 18 PART I OR PART WAS COUNT ON THE PART OF THE PART	y STA
111	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that this has been as the control of	DEATH NER) P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, I spital) attended the deceased (1) view the body after death. Male FEOR PRINT)	19 OFFICE, FARM, ETC.) from #179	21c. HOW INJURY OCCURR 21lt. LOCATION STREET 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO CITY OR TO PHYSIC PRECTOR PHYSIC	YES ON YINITEM 18 PART I OR PART WAS COUNT. THE OND HOUSE OND FIRM OF THE PART AND	y sta
11	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI AT WORK 22a.1 certify that II his ha but the decreased allowed to the second allowed to the	DEATH NER) P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, I spital) attended the deceased (1) view the body after death. Male FEOR PRINT)	19 OFFICE, FARM, ETC.) from #119 19 87 , or	21c. HOW INJURY OCCURRING 21t. LOCATION SIREET 19 27 19 27 19 27 19 ATTENDING PHYSICIAN 22e ADDRESS	YES NO CITY OR TO CITY OR TO PHYSIC PHYSIC Frederick	YES YINITEM 18 PART 1 OR PAR NN COUNT 19 57 te and hour and from 22c. D Rd.	y si , tho (1) w n the couses sto

4 OCT	1	FOR PITE						0 5	7 7 4	
							15	REG. NO.	J P VEAD	a
京製 世		OR PRINT)					OF ES	TI	19	26 HOUR
NOR FIE NOT STREET			5. DATE OF BIRTH MONTH DAY 8-10-12	YEAR LAST BIRTHE	AY) MONTH	DER 1 YR. IF UNDER 2		,		24 H9 UR
NITHIN S	FO	REIGN COUNTRY)	76. CITIZEN OF WHA		8. MARRIE		D	_		- M
7	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOM	E, OR OTHE	RINSTITUTION	120. USUAL OCCUPATI	ON (TYPE OF WORK	112b. KIND OF BU	USINESS
RETAIN SOULD BY RESORDS	3a. 5	TATE 1136 COUNT	Y		ION)	13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 8231 Pul	aski H	ighway	2123
030	14. FA Wi	THER'S NAME	cher	LAST		15. MOTHER'S MAIDEN Rachel	NAME Morg	an	LAST	
AGES 1	{YI	S, NO, OR UNKNOWN) (IF YES, GIVE V			989	John Fi	erna Pk, A scher 362	Mas 2 White	1146 Cedar	La.
RMT. P.		PART I DEATH WAS CAUSED	BY:		CL	ERUTIC	CARO	<i>'</i> '	APPROXIMAT BETWEEN ONSE	E INTERVAL
MINER ALO TRANSIT PE NTAL HYGH OR REMOVA		Conditions, if ony, which gave rise to immediate couse (o) stating the <u>under-</u>	(b) DUE TO, OR A	1 A B &	OFAR	DISTA	SE			
ICAL BA A BURIAL HAND ME WATION		PART 2 OTHER SIGNIFICANT CONDITIONS C			MINAL DISEASE	OR CONDITION GIVEN IN PAR				
HIEF MED USED AS / OF HEALTI RIAL, CRE	FICATION	190. DATE OF OPERATION			-	/	11/09 1/25	2/4/8	20 AUTOPSY	NO IX
OULD BE COULD BE RITMENT OR TO BU		UNDERLYING OR	HOUR A.M.	MONTH DAY YEA		W INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR		NO LA
ARDED 1 AGE 3 SH ATE DEPA 1201 PRIC	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTOR				CITY OR TOWN	(YINUO	STATE
CTOR: TAND,			151			y , Inspection			opinion	
SHOUL EATH, V		ACTUAL SIGNATURE	-m	en	M.	. 72PV	LAEDICAL EXAMINE	R L SIGI	NED 10/1	187
PAGE A TO FUN AFTERD BACKING	73n BI	(TYPE OR PRINT)	TV / I	G VE TO	METERY OF	ADDRESS	ALTIN U	nam	7212	37
	Bi	rial	10-3-87	Morela		em. Park	Balto.	, Md.		STATE
MMH - 17 A15 ME (5))	S	chrimunek Fune	ral Home ane, Bal	, Inc.	212	OCT.	2 1987	Julia Des	ider Kanda	LA
	PAGE 4 SHOUD BE TO FUNERAL DIRECT A FTER DEATH WITH THE BALLINGRE, MARYLA	MEDICAL CERTIFICATION MALE Male Cauc 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF 36. STATE William Fiss William Fiss William Fiss William Fiss ON CONTRIBUTIONS (IF Yes. Give No OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS (C) 180. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (ENTER OF DEATH	THE CHIEF OF PRINT THE COUNTRY THE CONTRIBUTIONS CON	TOPOGRAPHICAL EXAMINATION OF REAL PROPERTY OF RESIDENCE SET ONLY WHICH OPERATED TO THE REAL PROPERTY OF REAL	MEDICAL EXAMINER'S C. I. DECEASED NAME	MEDICAL EXAMINER'S CERTIFICATE ON TO EXCESSED NAME FREDERICK ALBERT FISCHER 3. SEX A RACE S. DATE OF BIRTH MAIL CAUC REDISTR MAIL CAUC S. DATE OF BIRTH MONING DAY TO THE SIMPLACE ISLATE OR PORSIGH COLVERY Md. USA USA ID CITY OR TOWN OF DEATH BAILTIMOTE ISLAIR RESIDENCE (# IN AUGUSTA CHOTHER INSTITUTION OF RESIDENCE BLOOM, CONTERN THAT IT IN AUGUSTA CHOTHER INSTITUTION BAILTIMOTE ISLAIR RESIDENCE (# IN AUGUSTA CHOTHER INSTITUTION, CHOTHER INSTITUTION) ID CITY OR TOWN OF DEATH BAILTIMOTE ISLAIR RESIDENCE (# IN AUGUSTA CHOTHER INSTITUTION, CHOTHER INSTITUTION) ISLAIR RESIDENCE (# IN AUGUSTA CHOTHER INSTITUTION) ISLAIR RESIDENCE (# IN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO ECCASED NAME TO ECASED NAME TO ECCASED NAME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH TOPE (SANAME 1863) THE NORTH 1864 THE	

STATE OF MARYLAND

STATE OF MARYLAND

066334 SEP	FOR PIATE EGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B / REG NO.2 5	0 8 0
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1 75	(TYPE OR PRINT)	NCRE. FLUIN		9 31	87 255 am
2000	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR OF UNDER 24 HRS
4 10 10	Female	Canc	Jan. 14, 1913	74 YRS	HS DAYS HOURS MIN.
- 2 11 PC	To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY OF	DEATH
1 34 27	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou	ntv. MD
1 11 157	10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	26 KIND OF BUSINESS OR
102 the total	21234	HEHOLON LOC	MRQUEM	(1YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker.	Home Home
2 2 2	Maryland 21	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	2121
3 1 1000	14 FATHER'S NAME	21/ Baltim		Mt. Royal Ave	McMechen S
1 15 12/1	FIRST	MIDDLE " LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
3 1 1000	160 WAS DECEASED EVER IN U.S. A	Boswell RMED FORCES? 16b SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
AO and poly		INVE WAR OR DATEST			
			II TO Mary E, Ca	rter 1860 Yakon	APPECISAATE BITTERVAL BETWEEN ONGET AND DEATH
3 7		anly ane cause per line far (a), (b), and	Fation Jane		BETWEEN CHISET AND DEATH
IS & Marie /	IMMEDIA	ATE CAUSE (a)	aroun phe	amina	
0 4 4 5 5	Canditians, if any, which	DUE TO, OR AS A CONSEQUE	Voaethtive.	life	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NICEOF		
Mar har some	underlying cause last.	(c)	INCE OF U		
S and a second	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN I	N PART Ita
0 a 11 a 1	old stro	Re- seizm	es - chronic/	totuna.	
REC.	90 DATE OF OPERATION	196 CONDITION FORWHICH	OPERATION WAS PERFORMED	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATHS
A TO THE ST	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tata House Millians occurs	YES NO YES	NO
Nation /	OP CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
No. of the state o	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	211 LOCATION		
NS 64 4 5 5 5	ILE NOT WHILE ORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY ON TOWN	COUNTY STATE
Po of A standard	22a.1 certify that (I) (I	adali attended the deceased from	19	1 10 8/2// 10	that (I) (ver) last
THE STATE OF THE S	saw the deceased alive a	41111	, and that in (my) (our) opinion	death accurred on the date and hour an	
A SO TO THE REAL PROPERTY OF T	??b. SIGNATURE	- / . / _	DE GREE	and the second	2% DATE SIGNED
A SECTION ASSESSMENT	1/10	genetion	ATTENDING PHYSICIAN	MEDICAL STAFF	9/21/8/
HOSPII oned be mit the Si	THE PHYSICIAN'S NAME ITEM	11 100	22e ADDRESS	00.010	1/2/201
A STORY	NUONE	v. 1000	IEN 6351	Isdar Ad B	al 10 21206
	230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	OUNTY STATE
BP	CREMATION 24 FUNERAL DIRECTOR	SEPT.22, '87 (ETERY BALTIMORE,	
DHMH - 16 60M 7/84 (VRA 15, 4)		HNSON 8521 LÖCI		TE REC'D. BY REGISTRAR 256, REGISTRAR	5 SIGNATURE

	1			STATE	OF MARYLAND			
	1		1					
	' '	STATE REGISTRAR		CERTIF	CATE OF DEATH	B / REG. NO	2500	1
7515 OCT	1 DE	CEASED NAME FIRST	MIDDLE	LA	.57			HOUR P
1,5 1,5 OCT	TZ"	STE PHA	nis F.	Fon	TAINS	SEPTEM	BER 29, 1987	W.
pog pr de	3. SE	× 3121111	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		JNDER 24 HRS
7.5 February DOCT	F	MALS	LINITE	SEP	T. 7. 1954	33		IURS MIN.
1 11/15	-	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH	
€ ER	100	COUNTRY)	U.S. A.	MARRIED	DIVORCED	BOITEM		V
	ALC: UNKNOWN	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	WIDOWE		12a USUAL OCCUPATION	ORE LOUNT	JSINESS OR
5 110	0	LEN ARM	22 IRSE FA	RM C	JURT	AT HOM	WORKING HEEL INDUSTRY	
2 52 6	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	TIP CODE 2	1057
2 55 15	16	ARYLAND BAL	- 10'	ARM	YES NO NO	22 I RES	FARM COL	IRT
rely 2 s b	14. FA	THER'S NAME	7.31011		15. MOTHER'S MAIDEN NAM			
mpletely ord 2 s		C7 S	FAR!	10	JANS	MIDDLE	HAGE	10
5 4 7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17. INFORMANT	ADDRE		11 (
n and co Pagesti	1	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	2 dary	Eam. IV	RECEPOS		
0 0 %	H		I FT U	01101	11711121	1 KCON IX	APPROXIMATE BETWEEN ONSET	INTERVAL
ertificate b tg physiciat canpapers. remaval.		PART I. DEATH WAS CAUSE		3 LAST	D.M.A		BETWEEN ONSET	
		IMMEDIA	TE CAUSE (a) 6 C (O () -M21	00 104		12900	ny
death cerr attending ave carba stion, or re roumatic e			DUE TO, OR AS A CONSE	OUENCE OF				
death attend ation, c		Canditions, if any, which	(b)					
s that the death ce ed by the attendin please remove carb rial, cremation, arr or ather traumatic		couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF				
that d by lease ial, cr			(c)					
equires tho n signed by Then pleas r to burial, injury, ar a	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	OITION GIVEN IN PART 110	
y inj	음		Jonny A			Tan and an	In a vec week to be a	
in. has been permit. T ine prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	DEATH?
20 0 0 /	E					YES NO NO		10 🗆
Z S S S S S S S S S S S S S S S S S S S		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN (TEM 18 PART I OR PART 2)	
HYSICIA ding pl s certif burial-t Mental	N	(IF EITHER NOTIFY MEDICAL EXAMINE)		19				
HY Silver	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME-STREET, FACTORY, OFF	ICE FARM ETC 1	21f. LOCATION	CITY OR TO	WN COUNTY	STATE
OING Pt- or atter the e as the olth and marked o	2	AT WORK AT WORK			-11		100 00	
			ital) attended the decrased fro		8/26,19/2		(2), 19_0/, that	(I) (we) last
TE O O P P P P P P P P P P P P P P P P P		sow the deceased plive on	1) view the bady after death.	9 <u>47</u> , an	d that in (my) (aur) opinion o	leath occurred on the Go	ate and have and from the caus	es stated
OR AT DIRECT Debet of Dept. of If them 2		77 SIGNATABLE A A	1]	DEGREE	SELL FLA	22c. DATE SIGI	NED
		(deund)	Jun vn	1	1 /) ATTENDING PHYSICIAN	MEDICAL STAF	FANT OCT	1997
= 0 # 4 4	1	THE PHYSICIAN'S NAME THE	a PRINT]		27e ADDRESS	X		3110
		OR RICHAG	OJ. GROS	<	EN SCOT	T ADOM	ROAD	
M W Sho	23n I	BURIAL, CREMATION, REMOVAL		THE NAME OF C	METERY OR CREMATORY	123d LOCATION	NORU	
BP	0	(SPECIFY)	10-2-1987	TOTAL	-V 58 CH.	CITY OR TOWN	RM BALTO-	STATE .
01	24 FI	JURIAL JNERAL DIRECTOR	110-061-1011	2320	1 6-1	REC'D BY RECISTRAR	25MREGISTRARS SIGNATURE	Jack.
DHMH - 16 60M 7/84	<	VANSCHAPS'	ADDRE STANDER	55		-1 198/	Ame Introduction	-
(VRA 15, 4)	2	VHIO CHAPS	LOFCHimes	YORK	ROAD			

(VRA 15, 4)

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AND STREET A LAND FOR MILE OF STREET

CTATE OF MADVIAND

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTA	L HYGIENI
CERTIFICATE OF DEATH	8

8 / REG	NO.2	5	U &	
DATE OF DEATH	MONTH	DAY	YEAR	25 HOUR
M	9	2	87	12:05
AGE (IN YEARS LAST	BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS

-	REGISTRAR			EKTIFICA	IE OF DEAL	п	O / RE	G. NO. "	9 0 0	
	T. W.	FIRST Clarent are	Henry	LAST			20 DATE OF DEA	TH MONTH	DAY YEAR 2 87	25 HOUR
١		Charles		Gay						12:05%
1	3. SEX	4. RACE		DATE OF BI		VE AD	6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DATE	HOURS MIN.
1	Male	Whit	е	5	12 0	3	84	YRS		
-	70. BIRTHPLACE ISTATE OR FOIL COUNTRY) Penna.		7.43	MARRIED T	NEVER MARR	-	Baltimore Co	or count		MD
	Monkton		HOSPITAL, NURSING HOCH FACILITY, GIVE STREET ADDITED	RESS)	THER INSTITUT	ION	120 USUAL OCCU	AOST OF WORKING	LIFE INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSIN 130 STATE Maryland	g home or other institution to the county Baltimore	134. CITY OR TOWN	13d	INSIDE CITY LI	IMITS?	13e STREET ADDR 17122 T	ess/zipcor royer F	DE Rd. Monk	21111 ton,Md.
	14 FATHER'S NAME	AMDDI F	1241	15.	MOTHER'S MA		AE MID	DIE	LAS:	
	William	Henry	Gay	Nellie				rene	Duti	row
٦	160 WAS DECEASED EVER IN		166 SOCIAL SECURITY	Y NO. 17	INFORMANT		A	DDRESS	2.	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	212-07-23	399 Marion P. Ga			y 17122	Troyer	Rd. Monl	cton, Md.
	PART I. DEATH WA	S CAUSED BY MMEDIATE CAUSE (0) DUE TO, (or line for io. (b), and ic	ulm	nary	an	est		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
	gove rise to imme couse (o), stoting underlying couse	diote	DR AS A CONSEQUENC	E OF	00010					
		FICANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO 1	THE TERMI	INAL DISEASE OR	CONDITION G	IVEN IN PART I	
)	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 196 CON	196 CONDITION FOR WHICH OPERA			D	200 AUTOPSY?	IN CERT	ES, WERE FINDIN FIFYING CAUSES YES [
	OR CONTRIBUTING TO CA	CAUSE OF DEATH HOUR A.M. MONTH DAY			HOW INJURY	OCCURR	if injury in ITEM 18	B PART (OR PART 2)		
	UF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	(AT HOME S	OF INJURY TREET FACTORY, OFFICE, FARM		LOCATION		CIIA	ORTOWN	COUNTY	STATE
	220.1 certify that (1)(t	his hospital) attended t	he deceosed from	MASA	2ch, 19	87	, to	1/3/	, 19 8 7	thoy (I) we) lost

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED DIRECTOR PHYSICIAN

22e ADDRESS Larry Wilson M.D. (628-0434

3313 Papermill Rd. Phoenix, Md.

230 BURIAL, CREMATION, REMOVAL (SPEC Cremation 9-2-87

23c NAME OF CEMETERY OR CREMATORY Westview Crematory

23d LOCATION CITY OF TOWN Baltimore, Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If them 21 is morked at them 18 shows any injury, or ather traumatic ev

FOR

Fynets

Belair Rd. BALTO. Md. 21236 250 DATE REC D. BY REGISTRAN DE NEOSTRAN STIGUT ON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23¢ NAME OF CEMETERY OR CREMATORY

9/5/87 GLEN HAVEN CEMETERY BURIAL 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

23b. DATE

GLEN BURNIE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE This Teindson- Randell

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

AUTO SALES

21237

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

SWANN

INDUSTRY

20b. 4F YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22r. DATE SIGNED

MD.

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME KNOWN X YEAR 2b HOUR ESTI-OF E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED WITHIN 72 HOURS
RESTON STREET, Jr. Lee DEATH MATED 19 87 Albert 14 George 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 66 VDS ,1921 PRONOUNCED 4:55P Male May 1 White DEAD 14 19.87 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Penna. U.S.A. Baltimore County DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! lossville Conductor Railroad Franklin Square Hospital N 24 HOURS AFTER DEATH, IF ANN DEATH AND AND TEM 18, GIVE PAGES 1 (2, AND 31 TALONG WITH FORM PAM3, RETAIN/INTERMIT, PAGES 1 AND ARPOULD BY YGIENE, DIVISION OF WALALKECORDS 13e STREET ADDRESS Maryland Middle River 13d. INSIDE CITY LIMITS? 335 Darkhead Road 21220 IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Albert L. George Florence Kreider 17 INFORMANT 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? HIEF MEDICAL EXAMINER ALONG WITH FOR UDED AS A BURIAL - TRANSIT PERMIT. PAGESA OF HELITH AND MENTAL HYGIENE, DIVISION RIAL - REMATION, OR REMOVAL. (YES NO, OR UNKNOWN) 116 14 3934 Namoi R. George same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD THENEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HALL BATTIMORE, MARYLAND, 21201 PRIOR TO BURNEL OF 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES SO NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION 214. INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that Istook charge of the remains described above, held as Inspection and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 9/16/87 Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr. M.D. Balto.MD. 111 Penn St. TYPE OR PRINT ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE Cremation 9/16/87 Greenmount Cemetery Baltimore City Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR Julia Davidson Randale DHMH - 17 Home P.A. 1407 Old Eastern AveSEP Funeral (VR A15 ME (5))

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170 14 5954 Hempi n. George (sinc)

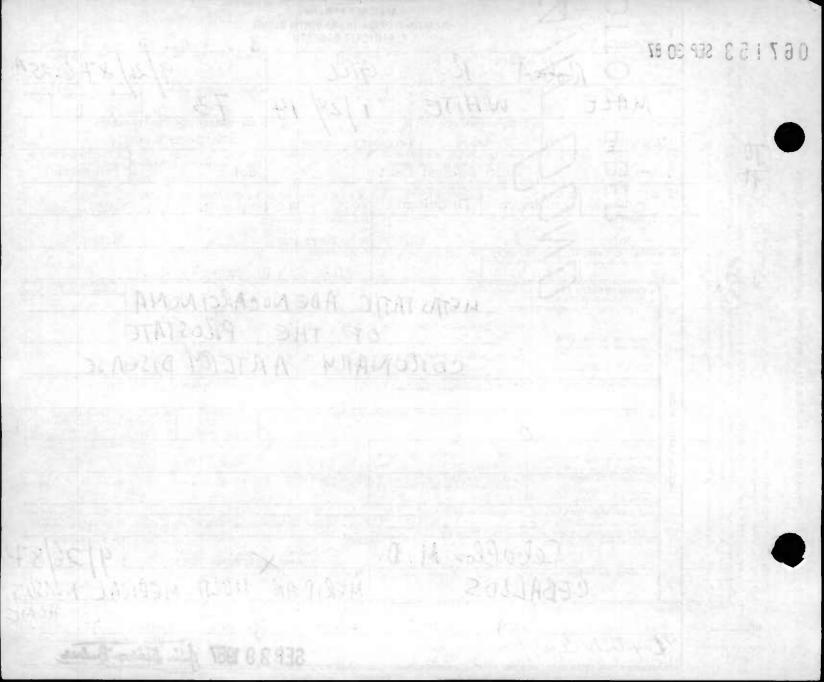
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Brus Liski runeral Home E. . 1407 le ascera ve

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			EASED NAME OR PRINTS	FIRST		MIDDLE			LAST			OF DATE	KNOWN ESTI-	MONTH		YEAR	26 HOUR
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	東島田島南	3. SEX		4. RACE	5. DATE OF BIRTI		6. AGE (IN YE	ARS IF UN		IF UNDER		2c DATE		MONTH	DAY	YEAR	2d HOUR
	200 E	FE	MALE	WHITE	4 5	09	78 Y		DAYS	HOURS	MIN	PRONOUN DE AD	ICED	9	30	1987	030 M
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W	モージのラク	14, FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	M	DDLE			AST	
38	\$39\$\$D		Louis				Rosas			lose					Mala	atest	a
IM	MAN SES		ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SQ	CIAL SECURIT	Y NO.	17. INFORA	MANT			ADDRE	SS	2:	1227	
TAL.	A SAGE A		NO			218	3-03-00	17	Scot	t H.	Gibb	s, Jr	320	09 Hi			
3/	200			F DEATH (Enter on ATH WAS CAUSE		ne far (a), (b), and (c).)	, ,	-	1	1 1				BETW	PROXIMATE	INTERVAL AND DEATH
3	S S S S S S S S S S S S S S S S S S S		PARTIUG		TE CAUSE (a)	RIFA	Piuso	LeRI	27/6	- APRI	es U	200 v	IAR:	1/150	90-		
15	A F S P S S S S S S S S S S S S S S S S S		- 5		DUE TO, C	OR AS A CO	NSEQUENCE	OF					1				
84	ESSA ASS			ns, if any, which se to immediate	(b).												99,08
. ₹			couse (a	stating the under-		OR AS A CON	NSEQUENCE	OF	100		-		-	- 11			
201	CERTIFICATE SHOULD BE EXECUTED VING THE WORD "PENDING" IN PER EDTO THE CHIEF MEDICAL EXAM SIS SHOULD BE USED AS A BURIAL-TI DEPARTMENT OF HEALTH AND MEN I PRIORTO BURIAL CREMATION, OI	66	lying car	ise last.	(c)												
DS.	A A B B A B A B A B A B A B A B A B A B	- 1	PART 2 OTNER SI	GNIFICANT CONDITIONS		IN RUT NOT REL	ATED TO THE TERA	AINAL OISEAS	E DR CONDITIO	N GIVEN IN PAI	RT I rail.						3.00
RECORDS	AENDIR MEDICAS A EALTH CREW	NO															
BK	HEAAAAA	AT	190 DATE OF	OPERATION	19b. CONI	DITION FOR	WHICH OPER	RATION W	'AS PERFOR	MED?			- 01		2D A	UTOPSY	,
DIVISION OF VITAL	SHOULD OND "PE CHIEF A E USED A URIAN	CERTIFICATION													1	ES 🗆	NO 🗌
7	WO HE SEENT ENTER	1	210. EXTERNA	AL CAUSE WAS		OF INJURY	u toolu i		OW INJURY	OCCURRE	D (ENTER N	ATURE OF INJ	URY IN ITEM	18 PART I OR			
2	SHOW THE		UNDERLYING	OR CAUSE OF	A COUNTY OF THE PARTY OF THE PA	.M. MONTH .M.	DAY YEAR	R									
Sio	SH SH	MEDICAL	21d INJURY	CCURRED	21e PLAC	E OF INJURY	(AT HOME.		CATION								717
>	らればび旧の	X	WHILE AT WORK		STREET, F.	ACTORY, FARM, I	ETC.)		STREET			CITY OR TO	WN	C	OUNTY		STATE
- 1	E>\$442			- CAR			1000				DV						
(-)	W L O W W O		220 I certi	fy that I taok charg	ge of the remains of	lescribed ob	ove, held an	Autop	sy .	Inspection	n [14],	Inquiry		and in my	opinion		
324	BE FOR THE		death result	ed from / Natu	ral causes 🔟,	Accident	L, St	ncide	, Hamio	ide	Undete	ermined mo	inner].			
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	*#5 * #		SIGNATURE	jewale	MINNER	10		N	0.00	PNI	1_MEDI	CAL EXAM	INER	SIGN		100	0/
	MEDIC CUTE SE 4 S FUNE MONE		EXAMINER'S	NAME /	0111	1/ 1	. /	5		1	- 6	50	- 0	(- 1	,0		-
	O MEDICAL EXAN XECUTE THE CERT AGE 4 SHOULD E O FUNERAL DIRE FIFR DEATH, WIT ALL MORE, MARN		(TYPE OR PRI	VI)	r. [N]	1/4/	NOCH	1	ADDRESS_	555	0 1/	11-	10/1	1911	- IK	21	226
	PAPE BALL	23a.B	URIAL, CREMA	TION, REMOVAL			NAME OF CE				CITY	CATION		cc	YTAUC	51	ATE
07/84	BP	1	Bu		10/3/87	I.	New Cat	hedra				ltimo				aryla	and
25M	DHMH - 17	24 F	UNERAL DIREC	TOR	ADDR	SS	2	1220		250. DATE	REC'D. BY	REGISTRA				URE	
	(VR A15. ME (5))	H	ubbard	Funeral	Home, In	c. 410	7 Wilk	1229 ens <i>T</i>	Ave.	061	6	198/	Jule	a Devi	0457-1	Carrier	

BP. DHMH - 16 60M (VRA 15, 4)

1						STAT	E OF MARYLAND				
	1.	FOR STATE			DEPART		EALTH AND MENTAL HYG	IENE			3
SEP	90	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	02 5	0 0	Ö
OLI		CEASED NAME OR PRINT)		Robert '	R.		Gill,	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
9111			206	2~	10.	(716	M. This can be	9/26	181	6:25 M.
	3. SEX	1.01-	- 24	4. RACE	11	S. DATE C	1 1	6. AGE (IN YEARS LAST BI	RTHDAY	UNDER 1 YEAR	IF UNDER 24 HRS
		MALE		W	HITE	MONT	1 /28/ 14	13	YRS.	MINS DAYS	HOURS MIN.
9)	7a. BII	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D Never MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
		Maryland	174	l	JSA	WIDOWE		Baltimo	re Coul	nty	MD.
0	10. CI	TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		BUSINESS OR
Open C	To	owson		Multi	Medical	Cente	er	Sales	OF WORKING LIFE)	Industry	strial
8)		AL RESIDENCE HE NURS			GIVE RESIDENCE SEFOR	E ADMISSION)		1	/ === ====		
S	130.5	Maryland	Balt	imore	Timoniu	m	13d. INSIDE CITY LIMITS?	13 Bailiff		21093	
2		THER'S NAME					15 MOTHER'S MAIDEN NA		3 01.,	21000	
8		John	1	M.	LAST	ill	Hermina	WIDDLE		Bishop	
9 /	16a W	VAS DECEASED EVER	IN U.S. AR/		16b. SOCIAL SECU		17. INFORMANT	ADDR	ESS	Disnop	'
9/	Ye	res, no or unknown)		WAR OR DATES)	J. 515		Ellen S. Gi	III same as	130		
2	16) f / /	d	Literi 5. Gi	iii, saine as	136.	APPROXIM	NATE INTERVAL
1		PART I. DEATH W			line far (o), (b), an	TATI	CADENI	MARCIA	MA	BETWEEN OF	NSET AND DEATH
6		F-125	IMMEDIAT	E CAUSE (a)	MEHED	11111	U IIIUII	CA NECT Y	0, 1,1		
mar		Candidan if		DUE TO, OI	R AS A CONSEQU	ENCE OF	OF THE	P1101	TATE		
tra		Conditions, if any, gove rise to im-	nediote	(p)—				110	1.110	1	
in the		cause (a), statin underlying cause		DUE TO, OF	R AS A CONSEQU	MCE OF	IANU A	NTERY	Disc	ASE	
0	14.5	PART 2. OTHER SIGN	HEICANIT C	(c)	ON IT DIRECTION OF TO	DE ATM BUT	NOT DELATED TO THE TERM	NAU DISEASE OF CO.	1213	11 30	
(cry	z	PART 2. OTHER SIGI	VIFICANT	ONDITIONS <u>CC</u>	DIN I KIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART ITO	
	CERTIFICATION	19a DATE OF OPERA	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	70h IF YES V	WERE FINDING	GSTISED
in the	FIC			1,10, 00,10		0.0	THE TENTON COMMED		IN CERTIFY	NG CAUSES O	OF DEATH?
2	ERT	21a. ACCIDENT WAS UNI	DERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR	YES NO	YES		NO 🗆
		OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH D		The state of the s	CED TENTER INVIORE OF INJE	MI II IIEM IO PAR	T (ON FART 2)	
T He	MEDICAL	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR		P./ 21e. PLACE (19	21f LOCATION				
o pa	ME	WHILE NOT WHAT WORK AT WO			BEET, FACTORY, OFFICE, I	FARM ETC }	STREET	CITY OR TO	NWO	COUNTY	STATE
you y			RK —	3							
i s		22a. certify that (1) saw the decease		al) attended the	e deceased fram_ 10		nd that in (my) (aur) apinian	death assured on the d	ate and hour o		hat (I) (we) last
m 2		above, (1) (we) (c	did) (did nat	view the bady	after death.		DEGREE	acam accorred on the o	- and made o	an DATE C	doses stated
If Item		228. SIGNATURE	(1	DAD	0- 11	0	ATTENDING .	MEDICAL STA	FF	CO DATES	2/167
z - /		224. PHYSICIAN'S N	VALE	one	00 , 101	· V.	PHYSICIAN 1	DIRECTOR PHYSI	CIAN	171.	26/37
183	13	224. PHI SICIAIN SIV	- TA	1110	C '		NE ADDRESS	1111111	11-11	CAL	reduction
1			CD	7660	>		MACINIAN	MULI] -	MENI	46	NONJING
		SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	HOME
-		Burial	00	9/29/8	7 Du	laney	Valley Mem.		monium		
7/84	24 /	JULY DISECTOR	Cla	ref	ADDRESS		25a. DAT	E REC'D. BY REGISTRAS	256 REGISTRA	R'S SIGNATU	RE
	Bi	ryan W C	lary	(10 W	Padonia	DA	SEP	2 9 198/ 4	ha Dand	war Kande	المال



STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TATE REGISTRAR		CER	IFICATE OF DE	ATH &	REG. N	2 5	0 8	7
THRE CHEMINATE		DDLE	DFREY	26	B DATE OF DEATH	09/16	AY YEAR	26. HOUR 5:50 а
SEX M	EN 4. RACE B	5. DA1	E OF BIRTH ONTH 09 DAY 15	VEAD	AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YEAR	6:50 a N F UNDER 24 HRS MINI 13 44
BIRTHPLACE LEGIT OF FORM	M. NAME OF H		E OR OTHER INSTIT	RCED 12	BALTIMORE CITY C BALT TMORE RE USUAL OCCUPAT TYPE OF WORK FOR MOST O	COUNTY	7 126. KIND O	ME F BUSINESS OR
FATHER'S NAME FIRST WAS DECEASED EVER IN L	MIDDLE	LAST THE	13d, INSIDE CITY YES N OTHER'S A	MAIDEN NAME	STREET ADDRESS	te santa	Sol Sol	frey s
Canditions, if any, wh gave rise to immedicause (a), stating underlying cause li	oich (b) E other the ost (c) E	Intracranial EXXXXXXXXXXXXXX IVALINE MEMBO AS A CONSEQUENCE O EXTREME IMMA NORTH NORTH OPERA ION FOR WHICH OPERA	K rane disea turity SUI NOT RELATED TO	ISE	AL DISEASE OR CON	20b. IF YES,	, WERE FINDIN	GS USED
THE DATE OF OPERATION	ING 216. TIME OF	INJURY	21c HOW INJU	RY OCCURRED	YES X NO	YES	(ING CAUSES	OF DEATH?
OR CONTRIBUTING CAUS	XAMINER) P.A.		9 211 LOCATION		CITY OR TO		COUNTY	STATE
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	11:29 daily 19 87	DEGREE ATT PH	ENDING YSICIAN []	, ta 9/16, ath accurred an the d	FF CIAN []	22c. DATE	SIGNED
Rudiger E	Breitenecker		F CEMETERY OR CR		es Street:		BALTO	21204 5Mb
A FUNERAL DIRECTION	Henriker	ADDRESS		250 DATE R	1 3 1987	25b. REGISTE	rar's signat	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detached for use of with the State Dept, of Health MPORTANT, If hem 21 is

Restercher

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME MIDDLE 20. DATE KNOWN THE OR PRINTS OF ESTI-MITHIN 72 HOURS WITHIN 72 HOURS NAMESTON STREET Dorsev David **GOFF** DEATH MATED SEX. 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS. 5 DATE OF BIRTH 6. AGE (IN YEARS 2c. DATE MONTH DAY YEAR LAST BIRTHDAY PRONOLINCE Male White Oct. 18 18 68 yes BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! W.Virginia USA Baltimore County WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Timonium 1012 Chestnut Ridge Drive Supervisor Copper SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 106 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1925 Marvland Baltimore YES X NO [Harman Avenue, 21230 . FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Walter Goff Frank Marie Arnett 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES. NO. OR LINKNOWN) JoAnn M. Knight, 1616 DeSoto Road WW II 219-01-4769 L EXAMINER ALONG WEREAL - TRANSIT PERMIT CAUSE OF DEATH (Enter only one cause per last PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: BGCS 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BACTHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO X 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 220. I certify that I took charge of the remains de best above, held on Autapsy ond in my opinian death resulted fram: // Natural causes Hamicide Undetermined manner TLE (SPERIFY EXAMINER'S NAME Charles F. O'Donnell (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. 9/5/87 Garrison Forest VA Cem. Owings Mills Balto. Burial BP. 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Hubbard Funeral Home, Inc., 4107 Wilkens Ave. 15M 2/80

	Pool .
	LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page the Assairal or attending physician.
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65710	SEP	8	OR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	FIENE REGI	10. 2	5 1))
by be		(TYPE	CEASED NAME FIRS	naham	Cold:	stevi		20 DATE OF DEATH	9 C	रे हा	HOUR 50
Poge 4 mg		3. SE	male	4. RACE	nte	5. DATE O		747	3 YRS	ONTHS DAYS	HOURS MIN
deoth. Po	3425		RTHPLACE (STATE OR FOREIGN ARYLAND		WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIONORCED	BALTIMORE CITY	OR COUNTY	OF DEATH	ty MD
offer	R	10 C	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	ADDRESS)	FOTHER INSTITUTION	176 USUAL OCCUPATOR PROPRIET	OR ORKING ST	REO AU	TO & AC
MAKYLAND 2120 led within 24 hours mpletely filled in 15	211	13a S	ARYLAND	ME OR OTHER INSTITUTION OUNTY	136. CITY OR TOV	VN	134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS 6220 BENH		. #212	09
makyr ed with)	THER'S NAME FIRST LOUIS		LDSTEIN		BESS	MIDDLE			BRIDGE
be executed on and comp	redicol	1		S. ARMED FORCES? ES. GIVE WAR OR DATES)	215-32-		6220 BENHURS	IRS. NETTIE	EB. GOL		1209
PRESTON ST., BALTIMORE, he death certificate be execut he ottending physician and co	emotion, or removal		Conditions, if ony, which	DUE TO, C	SEUD	DWA	comaperit	inci		APPROXIMA BETWEEN ON	LTE INTERVAL SET AND DEATH
es that t	to buriol, crem njury, or other	TION		DUE TO, C		DEATH BUT	NOT RELATED TO THE TERM				
At REC		CERTIFICATION	190 DATE OF OPERATION			1 OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES		S USED F DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion. We certificate has been signified.	Hem 18	MEDICAL CEI	71a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT 1 OR PART 2]	
OIVISION O Offending offer this cer	ith and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT MOME S	OF INJURY REEL FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDING spirol or off	of Health		22a.1 certify that (1) (this sow the deceased alm above, (1) (we) (did) (d	e on 9-	9 19	87	d that in (my) (opinion	deoth occurred on the	dote and hour	and from the co	
AL OR the ho	T: If Iten		Carla X		Lavd	1	ATTENDING PHYSICIAN	DIRECTOR PHYS		270 DATE SI	9 87
O HOSPIT erasined by	Z WORLY SIGN		Carla S.	Alexander			²⁷⁰ ADDRESSStella Dulaney Val	ley RdTo	pice wson, M	D 21204	
BP			URIAL, CREMATION, REMO SPECIFY) BURIAL	SEPT.1	1,1987	RADOME	EMETERY OR CREMATORY R VEREIN	ROSEDAI		ÁĽTO.	STATEMD
DHMH - 16 (VRA 1			INERAL DIRECTOR OLO REISTERS	SOL LEVIN	SON & BROBALTO., I	OS., I	NC. 3EP	PERECO. BY REGISTRA	R 256 REGISTR	ARSSIGNATO	المالة

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centificate be executed within 24 hours offer death. Page 4 may be

retained by the haspital ar attending physician.

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 8 should be flequenty with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical example, must be martified.

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Mector. page 3

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		B REG. NO	2 5	0 9	2
I. DE	CEASED NAME FIRST	WIDDIE	LAST	2a C	ATE OF DEATH	MONTH DAY	YEAR 26 HC	URULO
(1177)	Etta	I,	GOSKER		SE	pt. 2,19	8% /2	2 a.M
3 SE	X	RACE	5. DATE OF BIRTH	6 AC	GE (IN YEARS LAST BIR	THDAY) IF UNDER	R 1 YEAR IF UND	ER 24 HRS
	I	W	MONTH 23	YEAR 25	1-0	MONTHS	DATS MOURS	MIN.
70 B	IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	9 0,		ITIMOPE CITY O	R COUNTY OF DE	ATH	
	COUNTRY)	16	MARRIED NEVER MARR	RIED 🗆	O .	- /- /	A	
10.0	111.12	UD.	WIDOWED DIVOR	1	Call	744		MD.
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI			USUAL OCCUPATION OF WORK FOR MOST O		USTRY	NESS OR
	101501	21.	SCRL NOSI	ether (LEKK	57	1978 (TOV.
130	AL RESIDENCE (IF NURSING HOME OR O			- / 1 -	TREET ADDRESS	ZIP CODE	211	20
14 F	ATHER'S NAME		15. MOTHER'S MA	IDEN NAME				
	TANATHAN "	IDDLE LAST	1AM/ HAST	L15N	WIDDLE	45	TACTES	7
16a \	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT		ADDRE	SS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 219-19	-7417	For	1114	RATIONS	4)5	
_	18. CAUSE OF DEATH (Enter only	01/10	11/04	1700	1101	-000	AMERICAN DE UN	THE CASE
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO				DISEASE OR CONI	206. IF YES, WERE	FINDINGS US	
Ĕ				Y	ES T NOT	IN CERTIFYING C	.AUSES OF DE.	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR			TY IN ITEM IB PART I OR I		
MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM ETC) 211 LOCATION STREET		CITY OR TO	wn cou	YINL	STATE
	220.1 certify that (1) (this hospital	al) attended the deceased from	, 19	9	10		, that (I)	(we) last
	saw the deceased alive on_ abave, (I) (we) (did) (did not	19.	, and that in (my) (our	opinion death	occurred on the do	ate and hour and fr	am the causes	stated
	22b. SIGNATURE	view the bady after death.	DEGREE	NDING ME	EDICAL STAF		DATE SIGNE	D
	Treatur	x P. Nung			ECTOR PHYSIC		9/2/0	87
	THE PHYSICIAN'S NAME (THE O	Mari 0	22e. ADDRESS)	- 1 -	- 10	/ /	
	BEATRI	2 P. DIZO	N St. 4	Breph.	Horne	al Von	son 2	120
230	BURIAL EREMATION REMOVAL	1236 DATE 123c	NAME OF CEMETERY OR CREM	ATORY 123	Id LOCATION			
	BIAPIA!	09-04-1900	PARKLINGO (Em	DAYS Y	11/18 BN	TOCO	STATE
24 F	UNERAL DIRECTOR	1-1-1101	1.11-1-00-0	25g. DATE REC	D BY REGISTRAR	25h REGISTRAR'S	IGNATURE!	21
I	1/29115 CHAR	DEI DE MODE	MPIES	SEP 1	5 198/	الموجودين بميان	14. 12.	

DHMH - 16 60M 7/84 (VRA 15, 4)

07/84 **DHMH - 17** (VR A15 ME (5))

24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 236, DATE

EXAMINER'S NAME

TYPE OR PRINT)

HARTLEY MILLER TOZY HARFORD Rd

Margarita A. Korell, M.D.

9/23/87

PARKWOOD CEM.

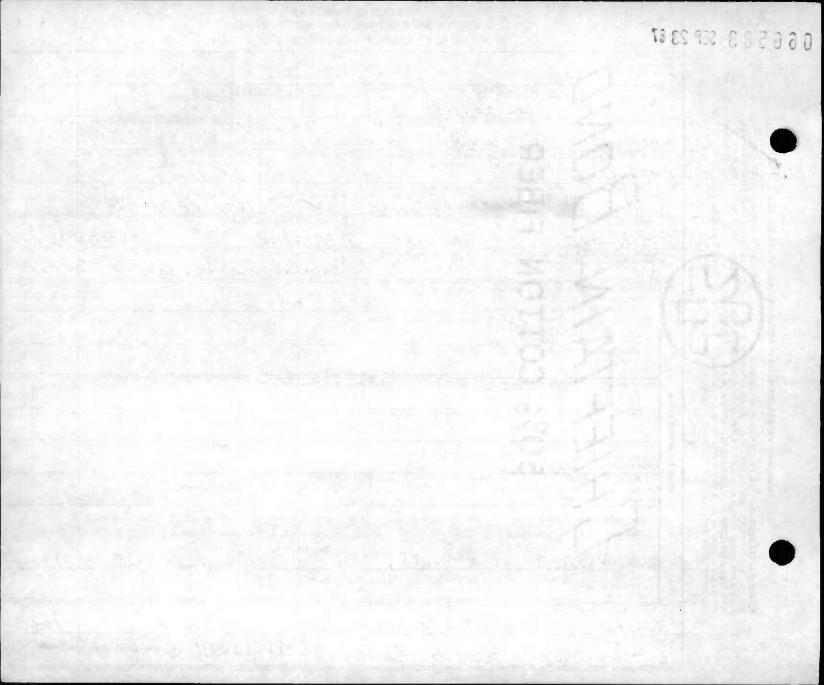
111 Penn St., Balto., Md. 21201

Assistant MEDICAL EXAMINER

ADDRESS

Julia Devidon- Rondock

9/21/87



065199 SEP, 10:87

STATE OF MARYLAND

D	EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE /	REG. I	2	5	U	9		
E .	GRAY	20. DATE O	F DEATH	9	H D	3-0	S7	26 HOL 190	26 1
220	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN	YEARS LAST B	BIRTHDAY	M	IF UNDE	DATS	HOURS	MIN.

1100	Mar News							0 /	REG, NO!		
1. DECEASE	and the same of th	AMES		S,		RAY		20. DATE OF DE	ATH MONTH	- 3-87	1926
1. SEX	1	4	RACE			OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
MA	Le		Caucas	sian	10		25		61 YR		HOURS M
7a BIRTHPL	AS WATER	建全 76	CITIZEN OF	WHAT COUNTRY?	8 AA A DD 15	NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
	0.5.	9.	0.5	. A.	WIDOW	_	ONORCED [15B	LITC	Co.	•
16 CITY OF	R TOWN OF DEA	ATH I		HOSPITAL, NURSIN		PR OTHER IN	STITUTION	126 USUAL OCC		126 KIND	OF BUSINESS
100	USON		ST.	Jose	ph	S		Truck I	Driver	\$tone	Produc
USUAL RES Maryl		ING HOME OR OF 131 COUNT Balti		GIVE RESIDENCE BEFORE 134 CITY OR TOW White Ha	N	134 INSIDE	CITY LIMITS?	13 STREET ADD	RESS / ZIP CO	ode Road/211	.61
14. FATHER	'S NAME	720	DOM	LAST		15 MOTHE	R'S MAIDEN NA	ME	IDDLE		
Th	omas	1	W.	Gray			Maggie	M	DOLE	Ste	evens
A STATE OF THE PARTY OF THE PAR	ECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	MANT		ADDRESS		21161
N	IO INFROMM		-	214-20-6	037	Fay G	ray-121	l Wisebu	rg Rd.	White Ha	11, MD
				line far (a), (b), an	d (¢s.)					APPRO BETWEEN	NIMATE INTERVAL NONSET AND DEA
'	PART I. DEATH W	MMEDIATE		CARDIO	GEN	IC S	SHOCK				DAYS
	nditions, if any	which	DUE TO, O	RESPIR	A TO	RY !	INSUFI	CICIENC	Y	0	UEEILS
cov		ng the	DUE 10, 0	PNEUM (CYS	Tis	CARINI	I PNEU	MONIA	a w	BEKS
			_	ONTRIBUTING TO		-		INAL DISEASE O	RCONDITION	GIVEN IN PART I	la -
	HEUMA		ARTHR		SUAL		URE				
TIFICA	DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATIO	ON WAS PERF	ORMED	20e AUTOPS		TYES, WERE FIND RTIFYING CAUSE YES [
00	AND DESCRIPTION OF THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN				1.					

RHEUMATOID	ARTHRITIS; RENAL	PAILURE			
1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	
			YES NO	YES	NO [
THE ACCEPT WAS UNDERLYING OF DEATH OR CONTENSUTING OF CAUSE OF DEATH OF EITHER INCHES WEDICAL ERAMINER)	11b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM TO PART T OR PART 2	ì
ZIÁ INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
22s.1 certify that (1) (this haspital)	attended the deceased fram	8-28 19 80	2 10 9.	-3 1987	_, that # (we) l

sow the deceased alive on abave, (we) (dd) (did nat) view the body after death and that in (aur) opinian death occurred an the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN

21204

· SECROA-LOVID, M.D. 23b. DATE

Burial

New Freedom Cemetery New Freedom 234 NAME OF CEMETERY OR CREMATORY

PATATE York

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 Second St.

9/6/87

REGISTRAR 256 REGISTRAR'S SIGNATURE

New Freedom, PA 17349

667	68	SEP 2	5 8	FOR STATE REGISTRAR EASED NAME FRST		DEPARTA	MENT OF H	CATE OF D	MENTAL HYGI	ENE REG.		OAY YEAR	12b HOUR
E, MARYLAND 2 1001 Used within 24 hcm. The seath Page 4 may be	completely filled in twitten uneral director, page 3 s 1 and 2 should be the world n 72 hours after death	ol examiner must be hostified Drombe.	7a BI 10 C1 13a. S	FE MALE RTHPLACE (STATE OF FOREIGN OUNTRY) TY OR TOWN OF DEATH ULSON LI RESIDENCE (IF NURSING HOME TATE MD THER'S NAME	RACE Black The CITIZEN OF U-5. F 11. NAME OF ST. OR OTHER INSTITUTION UNTY MIDDLE ODINSON	H. WHAT COUNTRY? 1. HOSPITAL, NURSIN CHEACHTY, GIVE STREET	S. DATE O MONTH B. MARRIED WIDOWEI IG HOME O ADDRESSI ADMISSIONI N	F BIRTH 25 NEVER M NO M NO THER INST 134 INSIDE CI YES 15. MOTHER'S	ORCED ITUTION ITY LIMITS? NO	9 BALTIMORE CITY 9 BALTIMORE CITY 120 USUAL OCCUPY (TYPE OF WORK FOR MOS 130 STREET ADDRES 25/7 HC	BIRTHDAY) Z YRS. OR COUNTY OF COUNTY OF WORKING LIFT S / ZIP CODE	9 - 8 7 IF UNDER LYEAR AONTHS DAYS OF DEATH 12b. KIND (E) INDUSTRY	9:45 PM IF UNDER 23 HRS HOURS MIN MD. OF BUSINESS OR
01 W. PRESTON ST., BALTIMO	d by the attending physician and lease remove carban papers. Page ial, crematian, or remaval.	or other traumatic event, the medic		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	SED BY: ATE CAUSE (6) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	LICE OF	ene H	lig	Show	uy S	APPRO- BETWEEN	amaté intérval Onset and Oéalm
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND SPITAL OR ATTENDING PHYSICIAL THE Line of a specificate be executed within 24	ted by the hospital or ottending thrutost. UNERAL DIRECTOR: After this curit cure has been signered to be detached for use as the but state permit hen plane. State Dept. of Health and Awardon, 13 permit of burit	ORTANT: If Item 21 is morked or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	PART 2 THER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that 10 (this had soon the deceased alive obove, 10 (we) (did) (drugs) 22b. SIGNATURE 22d. PHYS ICIAN'S NAME (TYP)	21b. TIME C DEATH HOUR A VER) 21e PLACE (AT HOME S1	OF INJURY M. MONTH DA OF INJURY OF INJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 IRM ETC.)	211. LOCATIC STREET	JURY OCCURR 19 (our) opinion d ITENDING HYSICIAN	DIRECTOR PHY	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18. P	COUNTY	NGS USED S OF DEATH? NO STATE

23c NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem.

Ballumore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

23e. BURIAL, CREMATION, REMOVAL

Burral

9/25/87

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FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

To. BIRTHPLACE (STATE OF FOREIGN

BALTIMORE/COUNTY

UNKNOWN

COUNTRY) UNKNOWN 10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

3. SEX

FIRST

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G 136, STATE 136, COUNTY BALTIMORE

mas

4. RACE

MIDDLE

76 CITIZEN OF W

NAME OF H (IF NOT IN SUCH

DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	5096
DOLE	Ĺ	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
R	G no	. 4	9-29	- 1987 1158 M
·k	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
HAT COUNTRY?	8 MARRIEI WIDOWE	ALAL.	9. BALTIMORE CITY OF COUN BALTIMORE COU	NTY MD.
SPITAL, NURSING FACILITY, GIVE STREET A	ADDRESS)	FRAT. HOSP	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETTRED)	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY
NE RESIDENCE BEFORE 36. CITY OR TOWN BALT, Md	ADMISSION)	13d INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS RA 21-A McCHURCH	NDALISTOWN, MD.
LAST		IS, MOTHER'S MAIDEN NAME FIRST UNKNOWN	WE	LAST
66. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS	
212-46-73	346	CHARLES BRYAT	NT 21-A McCHURG	H CT. /RALT_COUNT
ne for (a), (b), one		Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AS A CONSEQUE		ONLYCY	Dissess	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? NO IS CAUSE OF DEATH (Enter only one cause per I PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NOV YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M

211 LOCATION

22R ADDRESS

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

STREET

ATTENDING

PHYSICIAN [

ond Mentol Hygiene pri certificate has priol-tronsit per physicion PHYSICIAN: The 18 sho Hem offending morked or os the ATTENDING DIRECTOR hospitol 21 · o If Hem should be detached FUNERAL HOSPITAL MPORTANT 0 BP

230 BURIAL, CREMATION, REMOVAL

214 INJURY OCCURRED

AT WORK

22h SIGNATURE

NOT WHILE

27a. I certify that (I) (this hospital) attended the deceased from

obove, (I) (we) (did) (did not) view the body after death

AL WORK

sow the deceased alive on.

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE (SPECIFY) 10-03-87 MT. ZION CEMETERY BURIAL RODNEY T. SYKES 1611 PIMLICO RD.

71s. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

23d LOCATION BALTIMORE CITY, MO.

CITY OR TOWN

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

COUNTY

22c. DATE SIGNED

HOSA

STATE

STATE

that (I) (we) lost

250 DATE REC'D. BY REGISTRA 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		STATE TEGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	5 0 9	2
I		CEASED NAME			MIDDLE Cha	rles	AST Greene	20 DATE OF DEATH MON	H DAY YEAR	26 HOUR
١		17		an		(Jh	eene			AM
	3. SEX			4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
J		Male		White		Apri	1 17 1913		YRS	
1		THPLACE STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
		lew York		US	Α	WIDOWE		BALTO. C	- occurTy	MD.
1	10 CII	Y OR TOWN OF DEA	TH 1		HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND ØI	F BUSINESS OR
1	to	16507		-	. /		465 DICE	Mailroom Ope		anking
0	USUA 13a S	L RESIDENCE (IF NURSE	NG HOME OR O		GIVE RESIDENCE		1138. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	210	
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1	H FA	THER'S NAME	F 0.	. Danie			15. MOTHER'S MAIDEN NAM			
I)	Thomas	N	AIDDLE	Cros	nbera	Harriet	MIDDLE	Füc	
ì	16a W	AS DECEASED EVER I	N U.S. ARA	AED FORCES?		SECURITY NO.	17. INFORMANT	ADDRESS	1 40	113
١	{ }	ES, NO OR UNKNOWN)	HE YES, GIVE	WAR OR DATES)	E62.2	2-7461	Lillian I C	reene, same a	c 120	
I			1.5				Lillian L. O	eene, same a		MATE INTERVAL
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ı	M		IMMEDIATE	CAUSE 10)	andro	helmon	any wives	1	Chi	neature
	. 1				- 1-	EQUENCE OF	~1		1	
1		Conditions, if ony,		(b)_(mela	stanc	Colon Carc	moma	d	years
١		couse (a), stating		DUE TO, OI	R AS A CONS	EQUENCE OF				0
				(c)						
	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 10	
	CERTIFICATION		10	1.0.00.00				Too autonous Ion	IF VEC. MERE EN ID	
1	NO.	19a. DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES	
	Ē				Charle		THEFT	YES NO NO	YES	NO 🗆
el		210. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
1	3	(IF EITHER NOTIFY MEDIC			M.	19				
ı	WEDICAL	21d INJURY OCCURR	ED	21e. PLACE		FFICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ı	>	AT WORK NOT WHI	K	(A) MOME, SIN	TEET, FACTORY, OF	FFICE, FARM ETC ;				
١		22a. I certify that (1)			e deceosed f	rom	ruang 1987	, to preser	191	ho (1) we) lost
1		sow the decease	dolive on	wiew the body	otter death	19 8+ or	nd that in thy (our) opinion o	death occurred on the date or	nd hour and from the c	couses stated
1		226. SIGNATURE			Oner ocorn.		DEGREE		22c. DATE S	SIGNED
			20	, And			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 9	111987
1		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT) MAT	ILDA	H. SO. A		a Maris Hospic		
		Carla	15. 7	dexande	er, M.I).	Dulaney Valle	ey Rd. Towson	MD 21204	
		URIAL, CREMATION, F	REMOVAL	23b DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	15	Crematic	n	9/2/87		Westvie	w Crematory	Catonsville	Balto.	™Md.
	24 511	NIEDAL DIRECTOR	10.0	1 D			IN DAY	E DECID BY DECISTRADIAN D	FOIETRANK CLOSES	100

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Marily Lawson. 78 W. Padonia Rd., 21093 Martin D

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STATE OF MARYLAND

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	CE	RTI	FICA	TE	OF	DEAT	H	

ردا	FOR TATE			DEPART		FEALTH AND MENTAL HYG	IENE					
/	EGISTRAR					FICATE OF DEATH	REG. N	0.2 5	()	1 3		
	CEASED NAME EORPRINT) ELIZ	ABETH		HERINE		FFITH	20. DATE OF DEATH	em bes	11 1987	26 HOUR OF		
3. SE			I. RACE		5. DATE O		A AGE INVENTALIANTE		FUNDER I YEAR	IF UNDER 24 HR		
F	Female White			.Tanu.	ary 27, 1906	81 V	YRS.	ONTHS DAYS	HOURS MIN			
70. B	IRTHPLACE (STATE OR FO	DREIGN)	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH			
M	aryland		U.S.	Α.	WIDOW		Baltimore	e County M				
10. C	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING H			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS C			
Stoneleigh Armacost Nursin				me	Homemaker)F WORKING LIFE)	Own H	ome				
13a M	SUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 13b. COUNTY 13c. CITY OR TOWN Maryland Baltimore Rosedale			e admission) 'N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS 7612 Wil	ZIP CODE helm A	ve. 2	1237			
14. F.	ATHER'S NAME FIRST		IDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		145	7		
T	heodore	E	lias	Gorschbo	th	Elizabeth	***************************************		Huhi	m		
	WAS DECEASED EVER I		NED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS				
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	18 CAUSE OF DEATH PART I. DEATH WA			line (0) (0), (b), on	d icv.1	De. 111	-		APPROXI	MAJE INJERVAL ONSET AND DEATH		
		MMEDIATE	CAUSE (a)	un	-Cles	a con	eu ,		reco	don		
	C to		DUE TO, O	R AS A CONSEQUI	NCE OF	A			52 The			
	Canditions, if any, gave rise to imm	ediate	(b)	110	CVI	<u></u>			5-703			
	cause (a), stoting underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF				1			
N N	PART 2 OTHER SIGN	FICANT CO		ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	o ·		
CERTIFICATION	190. DATE OF OPERATI	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED		
E	15 34 31 3						YES T NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO				
SE SE	21a. ACCIDENT WAS UNDE		21b. TIME O		AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)			
4	OR CONTRIBUTING C			M. MONTH DI	19							
WEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		21f LOCATION			country.			
2	AT WORK AT WORK	LE 🗌	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
	22a. I certify that (I) (ol) ottended th		7.10	OV 1976	2 , to 1/5-	1		that (I) (we) la		
	saw the deceased abave, (1) (di	d alive an_d) (did=0t)	view the body	ter death.	, 01	nd that in (my) (punion o	death accurred on the d	ate and hour o	and from the	causes stated		
	226. SIGNATURE	5		2		DIGREE			22c. DATE	SIGNED		
	Mus	cle	10	Dans	alle		MEDICAL STA		19/	11/97		
	22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS				101		
20	Charles	and the same of th				7501 York Re		n, Md. 2	1204			
7.50 D	BURIAL, CREMATION, R (SPECIFY) Urial	FWOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Overlea	D	alto.	Md.		
	UT1AL UNERAL DIRECTOR		9-14-87			s of Faith						
		Funca	о1 Пот	1050	TOTK	, Md. 21204 SE	P 1 6 1987	ulia Da	order C	and all		
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DHMH - 16 60M 7/84 (VRA 15, 4)

21133

8728 Liberty Road Randallstown, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

	1		n	1	at .		OF MARYLAND			
6797 SE	P 25	67.	FOR STATE	1 M H.	DEPARTM		EALTH AND MENTAL HY	GIENE		
00131 00			REGISTRAR	. ,		CERTIF	CATE OF DEATH	REG. NO	2 5	00
			CEASED NAME + FIRST	4	MIDDLE	20	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1 15	- 3		LILLIAN		E C	IRO	ZZAMI	070	100	2 P. M
5 9 5		J. SE	1	RACE	iTT	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTI	MONTH	DER 1 YEAR IF UNDER 24 HRS
4 55		1	EIGHLE	MHI	15	//	0100	01	YRS	
2 52	41		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	EATH
A # 57.	50		RYLAND	Ţ	JSA	WIDOWE			MORE	(aln/xho.
/1 11	300	10 C	TY OR TOWN OF DEATH	NAME OF	HOSPITAL NURRIN	G HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATIO	WORKING LIFE IN	b. KIND OF BUSINESS OR
5 Min All	ĐΧ		100001	2/11	11 000	EHI	U HOSPATHE	HOUSEWIFE		AT HOME
212 John 194	20	USU. 30. S	AL RESIDENCE (IF NURSING HOME OR OT TATE	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE AL	PT. 216
AND 124	5	N	ARYLAND -		BALTO.		YES NO	6401 LOCH	RAVEN BI	VD. 21239
4 10	100	14. FA	THER'S NAME FIRST MID	DLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST
W P GES	SOL.	2	GEORGE		SAVAGE		LILLI	AN		SSLER
New See	died -		AS DECEASED EVER IN U.S. ARME		166 SOCIAL SECU			RS. DOROTHY	SHIPLEY	
TIMO	10		NO		219-32-0	367	1621 WENTWO	RTH AVE. BA	LTO.,MD	21234
BAL open	1		18 CAUSE OF DEATH (Enter only		r line far (a), (b), and	dicio A	4	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s	1		PART I. DEATH WAS CAUSED I IMMEDIATE		carel	world	money ar	rest		
No the state of th	pro			DUE TO, O	R AS A CONSEQUE	NCE OF	Pagainal	-1 4:1	1.90	
EST dep dep	ana		Canditians, if any, which	(b)_			Kespiral	-087 . Jul	mee.	
2 1	4		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCEOF	A TOPA	SMYD MUL	tiple	
5 /	to at		underlying cause last	((c)_	Aner	nea	LOFD !	JCV D, MAD	Luntella	ma
2	ř.	7	PART 2 OTHER SIGNIFICANT CO	nditions <u>c</u>	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN	PART Ira
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TA The Cook of the	100	CERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INTITION		121, HOW IN HIPY OCCI	YES NO R	YES	NO 🗌
# VI Shring of Hys	:0		OR CONTRIBUTING CAUSE OF DEATH		M. MONTH DA		THE HOW HAJORY OCCU	LENIER NATURE OF INJOR	TINTIEM IS PARTIC)R P AR 1 2)
NO SECOND	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		OF INJURY	19	211. LOCATION			
SS Hard	9	ME	WHILE NO! WHILE	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM ETC }	STREET	CITY OR TOV	VN C	OUNTY STATE
Ale of the	10		220.1 certify that (I) (this haspital) = 13 = d = d 11	and decreased from		9/17 10	7 5/	20 10 5	that (I) (we) last
TA O E			saw the deceased alive an	7	19_19	\$7 or	d that in (my) (aur) apınia	n death accurred on the da	te and have and	
TA TA	E .		abave, (1) (we) (did) (did nat)	view the bady	after death		DEGREE			22c DATE SIGNED
0 4 0 40	-		Kan	nal	2 mg	2anin	M ATTENDING	MEDICAL STAF	F	9-20.87
4OSPITAL med by th FUNERAL uld be den	3-1		224 PHYSICIAN'S NAME (TYPE OR P	RINT)		}	122e ADDRESS	DIRECTOR PHYSIC	IAN	/ /
85 254	ORT		KAMAL MYJEN, M.	D.			ST. JOSEPH	'S HOSP T	OWSON, N	4D 21204
57 57 5 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3-	220	SURIAL, CREMATION, REMOVAL		123, 1	JAME OF C	EMETERY OR CREMATORY			
BP.		230.		T. 21,			MUNAH	BALTIMORE	cou	MARYLAND'E
		24 F	INERAL DIRECTOR SOT. T	EVINC	ON & BROS.	. TNC	25a D	ATE REC'D. BY REGISTRAR	256 REGISTRAR	SISIGNATURE
DHMH - 16 60M (VRA 15, 4			010 REISTERSTOWN		ADDRESS		1215 SE	P 24 1987	Julia Da	ndern. Kandall
(400 13, 4	7		OTO INTIDITION	100.	Dimito. / L		1213			

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within 24 hours ofter death. Page

requires that the death certificate be

PHYSICIAN: The low

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	FOR STATE REGISTRAR		STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	ENE B REG. NO		5 1	0.0
I. DE	CEASED NAME FIRST	WIDDLE	LAST			MONTH FAR DAY	131	2b HOUR
	GOMER	P.	GULBRANSO	ON	SEPTEMBE			3:35P _M
3, SE	Male	Nhite	5. DATE OF BIRTH MONTH DAY Sept. 20	YEAR 1913	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	HOURS MIN
	COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED X NEVER	R MARRIED	Baltimorecutyo Baltimor			MD
1		11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET 8422 Greenway	Rd. Apt.I	18TITUTION D 21234	12a USUAL OCCUPATION PAINTER	ON.	126. KIND OF	BUSINESS OR
13a S Ma	aryland Balt	other institution, give residence before 13th CITY or Tow 21234	13d. INSIDE YES	ио Ж Х	136 STREET ADDRESS / 8422 Gre		Rd.	21234 Apt.D
	Herman	Gulbrans	on, Sr. A	R'S MAIDEN NAM Adelaid	e MIDDLE	F	asqu:	ith
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV Yes W.	E WAR OR DATES)	nity no. 17. Inform -6435Mary		ADDRE branson B			MD2123
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	STrai	CC			
NOF		ONDITIONS CONTRIBUTING TO I	<u>DEATH</u> BUT NOT RELATE	ED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN	IN PART Ito	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERF	FORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCAT	TION	CITY OR TOV	VN	COUNTY	STATE
	saw the deceased alive an above, (I) (we) (did) (did na	tol) attended the deceased from	ond that in (m	, 19 <u>87</u> y) (our) opinion d	eoth occurred on the do			hat (I) (we) last ouses stated
	Marie N	Stronbey is	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	IGNED
	Mark R. St	romberg, M.D.	7600	0 Osler	Drive	321-85	80	
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c. SEPT. 21, '87 DU	LANEY VAL	CREMATORY LEY MEM	GAR. BAT.	TIMORE	OUNTY CO	STATE MD

(VRA 15, 4)

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

retained by the hospital or attending physician.

BP.

TO HOSPITAL OR ATTENDING

24. FUNERAL DIRECTOR JOHNSON8521 LÖCH RAVEN

BALTIMORE CO., MD.

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

BY 1987

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

SFP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH DAY -87 IF UNDER I YEAR 12b KIND OF BUSINESS OR INDUSTRY WOOL MILL MD. 21228 2211 PLEASANT VIEW AVE. CATONS. CHANEY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1950 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE

REGISTRAR REG. NO EG SED NAME MIDDLE 20. DATE OF DEATH NORMAN HAMSON AGE LIN YEARS LAST BIRTHDAY! 4. RACE 5. DATE OF BIRTH 3. SEX DAY 28 1908 MALE WHITE 78 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. BALTIMORE COUNTY WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2211 PLEASANT VIEW AVE. FOREMAN CATONSVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND CATONSVILLE BALTIMORE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MARY FRANK HAMSON 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. IYES, NO OR UNKNOWN 213-09-6170 NORMAN HAMSON SAME AS 13E NO 18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and () ALCONOCIA TO THE PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) IMMEDIATE CAUSE ICARCINOUA OF PROSTATE (b) WITH MULTIPLE HETOSTASI'S Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

sow the deceased hive on obove, (I) (we) (did nat) visiting the page of after death

> 1801 FREDERICK RD. CATONSVILLE, MD. 21228 23c NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN I

23d LOCATION

130 BURIAL, CREMATION, REMOVAL (SPECIFY) 9/10/87 BURIAL

GOOD SHEPHERD

DEGREE

22e ADDRESS

ELLICOTT CITY

STAFF

and that in (my) in opinion death accurred on the date and haur and from the couses stated

DIRECTOR PHYSICIAN

MEDICAL

STATE MD.

22c DATE SIGNED

24 FUNERAL DIRECTOR (VRA 15, 4)

226 SIGNATURE

- STATE

1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

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5832 SEP 16	- ^	REGISTRAN			RTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	2 7	REG. NO.	5 0	54
ay be age 3 death	1. DE (TYPE	CEASED NAME FIRST OR PRINT)	LEY	M.	4	HANNAH	20 DATE OF DI	69-	DAY YEAR	26. HOUR
e 4 may b ctor, page safter dea	3. SE	M ale	4 RACE	hite	5. DATE C	- 111	6 AGE IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
oth. Pagreerol directory 72 hours		RTHPLACE (STATE OR FOREIGN OUNTRY) W.VA.		WHAT COUNT	_	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
for de	10 C	TOWSON OF DEATH	(IF NOT IN SU	HOSPITAL, NU	RSING HOME C	ROTHER INSTITUTION	120 USUALOC		12b KIND OI	F BUSINESS OR
AND 2 And 24 hours hould be	130. 5				EFORE ADMISSION)	134 INSIDE CITY LIMITS		arron Av	e. 21221	
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ote be execut ote be execut ppr Pages 1			ARMED FORCES? GIVE WAR OR DATES) WWII	705-1	60-8142	17 INFORMANT Evamae Kan	nath 944 B	arron Av	e. 21221	
ST., BALT	No.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane cause pe JSED BY: NATE CAUSE (o)	er line far (a), (b	lia.c	Arrest			APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
DS, 201 W. PRESTON quires that the death casting and by the other distriction of burial, cremation jury, or other traumates.	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN	(b)	OR AS A CONSE OR AS A CONSE CONTRIBUTING	QUENCE OF	yeass Si	LLY GOTY RMIN' L DISEASE C	Enera	ency)	hr.
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TTENDI pital or TOR: A for use of Heol		22 (1 certify hat (1) his had sow the deceased alive obove, (1) (we) (did) (did)	an Cr	9-10	~7	d that in (my) our) apini	on death occurred a	09 - 10 in the date and ha		that (I) (I)ve) last causes stated
TAL OR A by the hos by the hos detached tote Dept. NT: If hem		22b. SIGNATURE	shen,	XI	5		MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE S	16-87
TO HOSPITAL (retained by the TO FUNERAL Eshauld be deton with the State EMPORTANT: If		Stephen	D. L.	ncoln	MD.	120 S		re Dr	· Tows	on, Ma
BP	230 E	BURIAL, CREMATION, REMOV SPECIFY) Burial	236. DATE 9/14			EMETERY OR CREMATOR SOFFaithCeme			ltimore	Md STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	INERAL DIRECTOR ONNELLLYFuneral	Home 300	MaceÂve	. 21221	25a S	EL DE d.D. PA seld	STPAR 25h, REGIS	trárs signatu	RE

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LAND 21 201 Inin 24 foot after death. Page 4 may be hy filled in by the funeral direction, page 3 shorted be filled within 72 hours after death for more to houth?	7a. BIII Ne 10 CI Ra USUA 13a. S	CEASED NAME ORPRINT) C RTHPLACE (STATE ORP COUNTRY) W York TY OR TOWN OF DEA ALRESIDENCE IF NURS ALRESIDENCE IF NURS	OREIGN 76	CITIZEN OF USA I. NAME OF I (IF NOT IN SUC 3601 Gr	HOSPITAL,
STON ST., BALTIMORE, MARYLAND eath certificate be executed within 24, tending physician and campletely filler ve carban papers. Pages 1 and 8 shall an, ar removal. umatic event, the medical examiner me	14. FA	THER'S NAME FIRST John VAS DECEASED EVER (ES, NO OR UNKNOWN)	МΚ	ED FORCES?	Hard:
DS, 201 W. PRE	NO NO	PART 2. OTHER SIGN	which nediate g the last.	BY: CAUSE (o) DUE TO, O (b) DUE TO, O (c)	R AS A CO
DIVISION OF VITAL RECOR	MEDICAL CERTIFICATION	19a. DATE OF OPERAT	DERLYING	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. STE	M. MON
DIVISION OF VITAL RECOR		22a I certify that (I) sow the decease above, (I) (we) (c 22b. SIGNATURE	(this hospital	view We body	
7 5 5 2 3 S 1	230 P	URIAL CREMATION	REMOVAL	23h DATE	

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	251	0 5						
ICE. HAM	DING	20. DATE OF DEATH	MONTH DAY YEAR 12. 87	11 45 M						
		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 YES MONTHS DAYS HOURS MIN.								
WIDOWE		Baltimore City O	County	MD.						
SPITAL, NURSING HOME O ACILITY, GIVE STREET ADDRESS) V FOX Rd. $\#10$		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR						
E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		byeu						
Randallstown	YES NO X	8601 Grey F		21133						
arding	Margaret 17 INFORMANT 2		Maass							
219.18.8154	^{17. INFORMANT} Randa Mrs. Patricia	allstown Harding 86	01 Grey Fox	Rd. #103						
e for tal, (b), and (c)) CARDIO	Outmonno	ry KARO	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH						
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TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1	o.						
ON FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND! IN CERTIFYING CAUSES YES [
MONTH DAY YEAR	21c. HOW INJURY OCCUR		Y IN ITEM IB PART I OR PART 2)							

Garrison Forest VA Cem Garrison Baltimore

Les Directors, Inc. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

SEP 1 7 1987 Lia Dandon Rand

STATE

Lia Dividson Randall

18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line for (a), (b), and (c),)				BETWEEN ONSET AND DEAT	14	
IMMEDIATE C	7	OULMONAR	Y KARL	25.0	10 min		
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	Tic Squamov	s CVII CD	Soft fa	TATE 10/	9	
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90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO		DI. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I C	OR PART 2)		
WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn (COUNTY STATE		
22a I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (aid hat vi	9/1 1987 400	d that in (my) (aur) apinion d	///	7, 19_s	from the couses stated		
226. SIGNATURE	Dewowun	ATTENDING PHYSICIAN	MEDICAL STAP	F. /	9.14.87	7	
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IDIAL COSTATION OF CONTROL	T22 NAME OF ST		Inaliacettich	7-		-	

9-16-87

^{74 FUNERAL DIRECTOR} Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

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	_ FOR			DEPARTA	MENT OF H	EALTH A		ENTAL H	IYGIEN	IE .			
	- STATE REGISTRAR		ME		XAMINE						NO.5	0 0)
CFD -T	DECEASED NA	Mildre	đ	V.	На	ardin			0	TO DATE KNOWN : OF ESTI- DEATH MATED	MONTH	DAY YEAR	2b. HOU
SIE	3 SEX	4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEAR			IF UNDER	24 HRS.	PRONOUNCED DEAD Sen	MONTH + 1 1	987 19	24 HOL
5	Female 70 BIRTHPLACE EOREIGN COUNTY Md.	(Y)	Jan. 18, 1 7b. CITIZEN OF W USA	HAT COUN		MARRIED		VER MARR		9. BALTIMORE CITY Baltimo	OR COUNT	Y OF DEATH	1 P
20	10 CITY OR TOW	lle	II. NAME OF HO	SPITAL, NUF ACILITY, GIVE ST Unley	SING HOME, REET ADDRESS) Drive	or other	INSTITU	TION	FOR	ual OCCUPATION (T MOST OF WORKING LIFE) retary Con	YPE OF WORK	or indus	TRY
35	USUAL RESIDENCE 130. STATE		or other institution, on the state of the st	113c CITY	DEFORE ADMISSION OR TOWN CVILLE	13	YES 🗌	KON	83	REET ADDRESS 11 Nunley	Drive	21234 Apt. D	•
SX	14. FATHER'S NA	s G	arfield	Ве	elt		E	er's MAIDI		MIDDLE	Morgar	LAST	
	160 WAS DECEA (YES, NO, OR UNI		RMED FORCES?		-24-676				Bli	zzard 2626			• ATE INTERVAL
TERMINE THE HYGIENE, E	gave cause lying	tians, if any, which rise to immediat (a) stating the <u>under</u> cause last.	re (b)	R AS A CON	SEQUENCE OF			N GIVEN IN PA	IRT 1 (a).				
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E DEPARTMEN OI PRIOR TO B	UNDERLYI CONTRIBI	NAL CAUSE WAS NG OR JTING CAUSE OF Y OCCURRED NOT WHILE	F DEATH P./	M. MONTH		211. LOCA STRE	TION	OCCURRE	D TENTER	MATURE OF INJURY IN ITEM :	18 PART I OR PAR		STATE
PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFFENDEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 PR	220. I c death res	AT WORK 22e. I certify that lead the retaciles described above, held an Autopsy , Inspection , Inquiry and in my death results state. Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) MEDICAL EXAMINER SIGN EXAMINER'S NAME								DATE SIGNED	9/2/2	87 1237	
	23a.BURIAL, CRE/	MATION, REMOVAL	Sept. 5, 19	23c N	iame of cemi				123d. LC	OCATION or town	COUN	ŧΤΥ	STATE
DHMH - 17	Buria 24 FUNERAL DII NAME T.GOY	RECTOR	ack Inc. F	is.		מסלעת	ьд	250. DATE		Baltimore YREGISTRAR 256 RE	GISTRAR'S S		. ,

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DHMH - 17 (VR A15 ME (5)) STATE OF MARYLAND

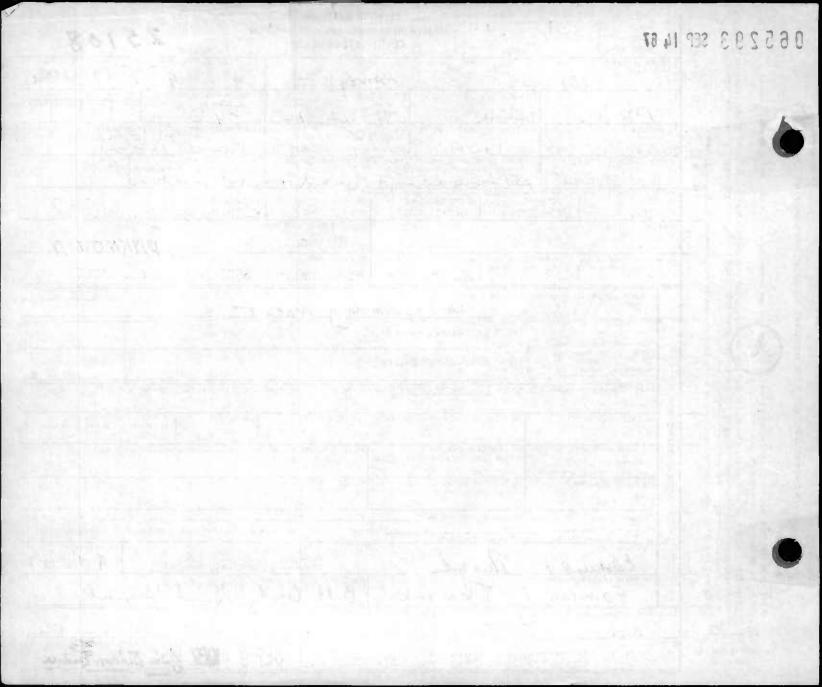
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	male	,	10
		OR FOREIGN	7b
W.	Va.		
10. C	ITY OR TOWN OF	DEATH	11.
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130	AL RESIDENCE (# N	LISH COL	OR OTH
	Md.		
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1	Lewis		MIDI
		(IF YES, G	IVE W
MEDICAL CERTIFICATION	Conditions, if c gove rise to couse (o), str underlying co PART 2 OTHER S	I WAS CAUS IMMEDIA Inny, which immediate offing the use lost IGNIFICANT RATION	GED BATE C
	70. B) W. 10. C 10. C 130. S 14. F)	COUNTRY) W. Va. 10. CITY OR TOWN OF E Randallst USUAL RESIDENCE (# N 130. STATE Md. 14. FATHER'S NAME FIRST LEWIS 160. WAS DECEASED EV (YES, NO OR UNKNOWN) NO 18. CAUSE OF DE PART I. DEATH Conditions, if o gove rise to couse (o), ste underlying co PART 2 OTHER S	3 SEX 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va. 10. CITY OR TOWN OF DEATH Randallstown BSUAL RESIDENCE (IF NURSING HOME OF 136. STATE Md. 14. FATHER'S NAME FIRST LEWIS 160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT

	CEASED NAME	FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR Zb. HOUR.		
(1176		XXXS C	tus	P	Anv Ey Harvey	8	9.5 87 5004	М	
3 SE	X	1	I. RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRT	THOAY IF UNDER I YEAR IF UNDER 24 HRS	_	
	male		White		12 YEAR	70	YRS THE TANK		
	RTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY? 8.	RIFD NEVER MARRIED	9. BALTIMORE CITY O	Baltimore County		
W.			(1	5 0	WED DIVORCED	Randi	11 - 1.	AD.	
10. C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING HOM H FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	17a USUAL OCCUPATION		R	
1	Randallsto	own	BAIL	more Com	to Canand Ho.	TO TO TOR MOST OF	etric		
₩5Ü,	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	71P CODE 21 207		
	Md.	Balti		Woodlawn	YES NO X	6603 Dogwo	6.17.11		
14. FA	ATHER'S NAME		MODLE		15 MOTHER'S MAIDEN NA			_	
	Lewis	~	NDDLE	Harvey	Maryann	WIDDLE	UNKANTITA		
	VAS DECEASED EVER			166 SOCIAL SECURITY NO		ADDRE	SS	_	
. ()	yes, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	235-05-1074	Ethel Harvey	6603 Dogw	rood Rd. 21207		
	18. CAUSE OF DEA	TH (Enter only	y one couse per	fine for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH V	WAS CAUSED	BY:	and .	mmary Annes	+			
		MANCOINIE		R AS A CONSEQUENCE OF					
	Conditions, if ony	CONTRACTOR OF THE PROPERTY OF							
	gove rise to im	nmediote	(b)_	R AS A CONSEQUENCE OF					
	underlying caus		(10,0	R AS A CONSEQUENCE OF					
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o Z									
CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
E						YES NO YES			
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Z Z	OR CONTRIBUTING [9				
EDICAL	21d INJURY OCCUP	RED	21e PLACE	OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE		
2	AT WORK NOT W	ORK	(A) NOME SI	REEL, PACIONI, OFFICE, PARM, ETC.					
	22a I certify that (I	l) (this hospiti	ol) ottended th	e deceosed from		, to	, 19, that (I) (we) los	st	
	sow the deceo obove, (I) (we)	sed alive on	view the body	ofter death	, and that in (my) (our) opinion	death occurred on the do	ote and hour and from the causes stated		
	226. SIGNATURE		1	/	DEGREE		22c. DATE SIGNED	_	
	Elmer	no P	1/4	int	ATTENDING PHYSICIAN [MEDICAL STAF)	
	224 PHYSICIAN'S N	AME (TYPE OR	PRINT)		22e. ADDRESS				
	tom	UNI)	1. 1	KAIZNK	Bult Cram	1 June	1 Ingel		
23a. E	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. NAME O	F CEMETERY OR CREMATORY	3d LOCATION CITY OF TOWN	COUNTY STATE	=	
	Burial	45.00	9-9-87	Wcod1	awn Cemetery	Woodlawn	Balto. Md.		
	UNERAL DIRECTOR		TAIDEST	ADDRESS	25e. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE		
ED	WARD J. W	ABER FO	UNERAL .	HOME 5311 EDN	MONDSON AVE	19 1967	Gulia Deviderza- Rendras		

DHMH - 16 60M 7/84 (VRA 15, 4)



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	STATE OF MARYLAND
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DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIENE	

REGISTRA	R XC	065	62 35	7	CERTIF	ICATE OF DEATH	R REG.	NO 2	5 1	0 4
I. DECEASED NA		FIRST		MIDDLE	t,	AST	20. DATE OF DEATH		OAY YEAR	26 HOURs
(III CORPRINT)	D	AVID	H	ARRY	HEI	M	SEPTEMBE	ER 18.	. 1987	м
3. SEX		4.	RACE		S. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	FUNDER I YEAR	IF UNDER 74 HRS
MALE			WHIT	E		BER 30 1915		71 YRS.		
70 BIRTHPLACE	STATE OR FOR	EIGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8	KXNEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
MARY	LAND		U.S.A		WIDOWE		BALTIMO	DRE CO	YTNUC	MD
10 CITY OR TOW	HOWA		(IF NOT IN SUC	H FACILITY, GIVE ST		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Truck D		126 KIND O INDUSTRY FOL	F BUSINESS OR
USUAL RESIDEN	CE (IF NURSING	HOME OR OTI	HER INSTITUTION.	GIVE RESIDENCE BE	EFORE ADMISSION)				-7	1000
13e STATE MARY		BALT	IMORE	BALTI		13d INSIDE CITY LIMITS? YES NO X	7842 KAV			stdd-
14 FATHER'S NA	ME	17.2				15. MOTHER'S MAIDEN NA				
DAVID		~~	• OLE	HEI	M	FIRST	MIDOLE		TAS	
160 WAS DECEA	SED EVER IN	IIS ARME	D FORCES?	166 SOCIALS	ECURITY NO	ETHEL 17. INFORMANT	ADI	DRESS	BARE	OWS
YES, NO OR UNI	(NOWN)	WWII			0 4482					21222
						LUNIS K. III	1042	MVAIVAL	UGH_ROAD	21222 MATE INTERVAL DISET AND DEATH
PART I.	DEATH WAS	CAUSED E	BY.	line for (a), (b)					BETWEEN	ONSET AND DEATH
374	IM	MEDIATE	AUSE (a)	CONGES	TIVE CAP	RDIOMYOPATHY			OVER 1	YEAR
couse (couse (counderlyin	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I						NNAL DISEASE OR CO	ONDITION GI	IVEN IN PART ICE	DAYS
OBES	TTY II	T.CER	ON RIG	HT FOOT	r					
	F OPERATIO									GS USED OF DEATH?
OR CONTRACT	NT WAS UNDERS	ISE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		2	PART I OR PART 2)	
WHILE AT WORK	OCCURRED		21e. PLACE (OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
22a 1 certi	y that (1) (th	nis hospital	ottended th	e deceased fro	AUGUST	1 31 19 87	to SEPTEM	BER 18	. 19_87	that (I) (we) last
sow t	he deceosed	olive on S	EPTEMP	FR 18	9_87, on	nd that in (my) (our) apinion	death occurred on the	date and ho	or and from the	couses stated
22b. SIGN/		1/0	14	lite	0	DEGREE ATTENDING PHYSICIAN [MEDICAL S'	TAFF SICIAN VV	22c DATE	
22d. PHYSI	CIAN'S NAM	TYPE OR PE	11418		1	22e ADDRESS	J JAMES TON CO THIS	AA	1 9-18	-8/
WE	N-SHY	ANG	WU, M	.D.		VA MEDICAL	CENTER,	FORT	HOWARD	, MD
230 BURIAL, CRE	MATION, RE	MOVAL	236. DATE 9-21			EMETERY OR CREMATORY NEY VALLEY	23d LOCATION		ARYLAND	STATE
24 ELINEDAL DIO			221			DIRTORIA 24 DAI				100 × 0.0

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit-with the State Dept. of Health and Mental Hygiene pria MPORTANT: If them 21 is marked at Item 18 storys any TO FUNERAL DIRECTOR: After this certificate has bee

DUDA-RUCK FUNERAL HOME OF DUNDALK 7922 Wise Ave. Duridalk, MD 21222

Julia Julia Signatura

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Helmick.

October 8, 1925

MARRIED NEVER MARRIED

YES 🗍

13d INSIDE CITY LIMITS?

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Jr.

DIVORCED [

NO G

September 28, 1987

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

(TYPE OF WORK FOR MOST OF WORKING LIFE)
Pump Man

134. STREET ADDRESS / ZIP CODE

26 HOUR

12h. KIND OF BUSINESS OR

S.C.M.

21222

IF UNDER 24 HRS

IF UNDER I YEAR

20. DATE OF DEATH

6. AGE IIN YEARS LAST BIRTHDAYL

61

12ª USUAL OCCUPATION

15. MOTHER'S MAIDEN NAME MIDDLE Hamilton Helmick, Sr. Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Ella Mae Helmick 226-24-5278 1978 Guy Way 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: metaplatic Transitioned of IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STATE NOI WHILE 220 I certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on. , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body after death DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (404 Eastern 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION CITY OF LOWN Bel Air Memorial Bel Air Maryland Duda-Ruck Funeral. Home of Dundalk 250 DATE REC'D BY REGISTRAR'S SIGNATURE 7922 Wise Ave. Dundalk, MD 21222

à be deta d of

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

MPORT

CERTIFICATION

MEDICAL

87 - STATE

(TYPE OF PRINT)

3. SEX

REGISTRAR DECEASED NAME

Male

70. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

226 SIGNATURE

Buria1

Dunda1k

Virginia

Finley

4 RACE

Baltimore

E.

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Dundalk

USA

White

eral director, page 3 72 hours after death

STAT			

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	(ER	TIF	IC.	ATE	OF	DEATH	

	FOR STATE STATE STATE			TOF HEALTH A	AND MENTAL HYG OF DEATH	IENE REG. NO	2 5	1 1 1
1	I. DECEASED NAME	RST M	IDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
1		HERINE	MARIE	HENDER	SON	19 9	9 20	87 1238 M
ì	3. SEX	4. RACE	5.	DATE OF BIRTH	15	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
	FEMALE	WHIT	E	7 2	7 06	81.	YRS.	DAYS HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREI	GN 76. CITIZEN OF V	VHAT COUNTRY? 8.		VER MARRIED	9. BALTIMORE CITY O	COUNTY OF DE	ATH
7	Maryland	U.S.A	4. w	MARRIED NE	DIVORCED [BALTIMO	re Cour	ty MD.
7	10. CITY OR TOWN OF DEATH		OSPITAL, NURSING H		RINSTITUTION	17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF		KIND OF BUSINESS OR USTRY
	10W5ON	1 St. JO	SEPH15 /	1050171	16	Fore Lady	· Su	gar Plant
	USUAL RESIDENCE (IF NURSING		13c. CITY OR TOWN		IDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	,
7	Maryland		Baltimore	YES X		4321 Newpo		e 21211
٦	14 FATHER'S NAME	WIDDLE	LAST	15. MOT	HER'S MAIDEN NAM	ME MIDDLE		LAST
Ž.	John	WIDDLE	Spitzne	er	Mary	WIDDLE	Fle	ckenstein
	160 WAS DECEASED EVER IN I		166 SOCIAL SECURITY		DRMANT	ADDRE		
	(YES, NO OR UNKNOWN) (III	YES, GIVE WAR OR DATES)	212-07-502	24 Wil	liam P H	enderson 43		
1		-1			TTOM IV. II	enderson 45	ZJ. NEWDOI	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
1	18 CAUSE OF DEATH (E PART I, DEATH WAS		Candle	- Colone	nou a	rest	- 00	IWEEN ONSET AND DEATH
1	IM/	MEDIATE CAUSE (a)	Caracia	100-01-0	1			
١			AS A CONSEQUENC	1.0	in Francis	2000		
١	Canditians, if any, what gave rise to immedi		myrea	MAURE	my me.	1000		
١	cause (a), stating		AS A CONSEQUENC		ton	- 1:		
1		(c)	5 evere	counce	y aren	wense		
1		CANT CONDITIONS CO	NTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TEN	INAL DISEASE OR CONE	DITION GIVEN IN P	ART 11a
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	· · · · ·						
'n	No. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
	al I	124				YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLY	1 110110 4 4	INJURY M. MONTH DAY	YEAR 21c HC	W INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR F	PART 2)
f	OR CONTRIBUTING CAUS	OF DEATH		19				
	(IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FARM		CATION	CITY OR TO	WN COU	INTY STATE
1	WHILE NOT WHILE	□ IATHOME, SIKE	EET, PACTORT, OFFICE, PARM	, EIC)	/		/	
-	22a. I certify that (I) (thi	s haspital) attended the		9/	2 19 8 7	, ta	10 19 0	, that (I) (we) last
١	saw the deceased of	dive an (did nat) view the bady	19 8	2, and that In	(my) (aur) apinian (death accurred an the do	te and have and fr	am the causes stated
1	22b. SIGNATURE	(did har) view the badying	avier death.	DEGREE			220	DATE SIGNED
	1/1	Late)		ATTENDING PHYSICIAN	MEDICAL STAF		9 2087
	22d, PHYSICIAN'S NAME	(STAL CATABA)		27e. AD] DIRECTOR [] FITTSIC	IAIT	7 - 0 0 7
	1		20		ST T	OPETH	120 8/17	si
	1230 BURIAL CREATATION PS	10.10		AF OF CEASTER	OR CREMATORY	123d LOCATION		-
	23a. BURIAL, CREMATION, REA					CITY OR TOWN	COUNT	
	Burial	9/23/8			Cemetery	Baltimore	DECISTOANS S	Maryland
	24. FUNERAL DIRECTOR		ADDRESS	21229	250. DAI	E REC'D. BY REGISTRAR	THE REGISTRAR'S S	IGN OURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O HOSPITAL

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	-	200	2	2	6.5
/	2	-	1		
REG. NO	6100	~			-
REG. NO					

		REGISTRAR		CENTII	ICATE OF PEATE	REG. NO			
		CEASED NAME FIRST	MIDDLE		DUER	20 DATE OF DEATH	7 - 20 -	VEAR 26	HOUR 15
	3. SEX		1 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD		RIVAR	UNDER AHRS
		LE	WHITE		16,°1910°	77	MONTHS		OURS MIN.
-	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	T COUNTRY? 8		9 BALTIMORE CITY OR	COUNTY OF DE	ATH	
5		RYLAND	USA	MARRIE	D X NEVER MARRIED U	BALTIMOR	E COUNT	Y	MD.
5		NDALLSTOWN	(IF NOT IN SUCH FACI	TITAL, NURSING HOME (LITY, GIVE STREET ADDRESS) D. GEN. HOSE		12d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W PROPRIETOR	ORKING LIFE) IND	KIND OF BUSTRY	USINESS OR
2	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	NTY 13c. C	esidence before admission) CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS? YES NO [3011 FALLST	AFF RD.	APT.] #212	
2	14. FA	THER'S NAME MEYER	MENDI HENDI	LER	15 MOTHER'S MAIDEN NA FIRST AND	NA MIDDLE		MERKIN	
2	160 W	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (1F YES, GIV	VE WAR OR DATEST	216-05-3535		. GLADYS HEND AFF RD. BALTO			2 1209
1	CERTIFICATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS (10) CONDITIONS CONTR 196 CONDITION	OPATHIE FOR WHICH OPERATION	THROMBOCY ON WAS PERFORMED AT	TOPENA ;	DASTE 206. IF YES, WERE	FINDINGS CAUSES OF	DEATH?
	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER NOTHY MEDICAL EXAMINE 21d IN JURY OCCURRED WHIE NOT WHILE AT WORK AT WORK 22g. Leetify that (1) (this hasp saw the deceased efficient 22b. SIGNATURE	21b. TIME OF INJ HOUR A.M. 21e PLACE OF IN ATHOME STREET, FA ital) attended the dec	MONTH DAY YEAR 19 JURY ACTORY OFFICE FARM ETC.) Leosed from Leo	216 HOW INJURY OCCUR 211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN	20, 19	PART 2)	
		DRIANDO	B. Co.	NANAN N	27e ADDRESS BC64 -	9 10 0	s Zows	hed.	2/133
	- (BURIAL, CREMATION, REMOVAL	SEPT.22,19	987 WORKMEN	N CIRCLE	234. LOCATION BALTIMOR		MAR	YLAND
		UNERAL DIRECTOR SOL 1		BROS., INC.		P 24 1987	REGISTRAR'S		adaes.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR A shauld be detached for use with the State Dept. of Heal MPORTANT, If Sem 21 is

TO HOSPITAL

SEP 24 pm

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

066	3483	SED !	2	70R			E OF MARYLAND IEALTH AND MENTAL HYO	IENE	0511	3
000	1403	JLI 4	9 !	STATE REGISTRAR			ICATE OF DEATH	REG. N	6	191
	. m.e	- 6		CEASED NAME PRIST	WIDDLE	_	AST		MONTH DAY YEAR	26 HOUR
	nay be poge 3 or death	1,118	3. SE:	Geor	ge Woshir	Gton Is DATE O	Hennlein	6 AGE (IN YEARS LAST BIR	THOAY IF UNDER LYFAR	G A M
	e 4 m ctor p		3. SE.	Mak	White	_		85	YRS YRS	HOURS MIN.
	Pag .	Je Je		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED		R COUNTY OF DEATH	
	death unera	25	M	0	U.S.	WIDOWI	DIVORCED	Balt	Imore Cour	nty MD
	4 41	90	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	GIVE STREET ADDRESS)	11 1-	- marine	F WORKING LIFE) INDUSTRY	
1201	1	1		AL RESIDENCE LIF NURSING HOME O	Meridian D	NCE BEFORE ADMISSION	ster-Herric	e Farm		ming
ARYLAND 21	1	33	130_3	MAD 136 CON		alto	13d INSIDE CITY LIMITS?	P.O. BOX 1		27
RYLA	with erel {2.3	157	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		_ LAS	ST
2	ompl	(IX)		Jacob	Hennlei		Catheri	ne	Fole	У
BALTIMORE	ond o	medico		VAS DECEASED EVER IN U.S. AI (15 NO ORUNKNOWN) (15 YES. G	DUE TOTAL CON DATES	IAL SECURITY NO.	A Mabel S. H			d. 21220
ALTIV	2	the n		18. CAUSE OF DEATH (Enter o			4 - 1			MATE INTERVAL ONSET AND DEATH
818	rtificate physic on pope	event,		PART I. DEATH WAS CAUS		astatic	CA/A/ZI	neimers	O148CHS	
	onding carb	notic notic			DUE TO, OR AS A CO	ONSEQUENCE OF				
PRESTON	e dec move	trour		Conditions, if ony, which gave rise to immediate	(b)					
3	thot the by the sose re	other		couse (0), stating the underlying couse lost	DUE TO, OR AS A CO	ONSEQUENCE OF				
5, 201	signed hen ple	burio ry, or	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART I	0
ORD	w requ been si	ny miy	I S	19a. DATE OF OPERATION	19b CONDITION FOR	D WHICH OPERATIO	INI WAS DEDECIDATED	20a AUTOPSY?	206 IF YES, WERE FINDIN	NGS USED
LREC	an. hos	ows or	CERTIFICATION	178. DATE OF OTERATION	178 CONDITION	K WINCH OF ERAINC	NASTEN ORMED	YES NOT	IN CERTIFYING CAUSES	OF DEATH?
VITA	hysicid ficote transit	Hygie Short	CER	210. ACCIDENT WAS UNDERLYING (NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART TOR PART 2)	
0 7	SICIAN: ng physicentrical	trem	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19				
DIVISION OF VITAL RECORDS,	PHY trendi	w puo	MED	21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TO	COUNTY	STATE
NO	or or or se os	mork		220.1 certify that (I) (this hasp	oital) attended the decease	d from 10	963 19	to 9/19	19.87	that (I) (we) last
	Spitol CTOR for u	of H		sow the deceased alive a		10 87 0	nd that in (my) (our) opinion	death occurred on the di	ate and hour and Irom the	couses stated
	OR A	Dept.	(PTD. SIGNATURE	1014	14	ATTENDING	MEDICAL STA	FF 27c DATE	SIGNED
	HOSPITAL ned by the FUNERAL	Stote)	220 PHYSICIAN'S NAME (TYPE	OR	NO V	PHYSICIAN [DIRECTOR PHYSIC	IAN .	
	HOSP!	with the Stor		Theo C. Pat			3427 Dunda	lk Avenue Ba	altimore, Man	ryland
	of of ohs	3 3	23a I	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP			SPECIFY) Burial	9-22-87	Parkw	ood Cemetery		Baltimore,	Maryland
	DHMH - 16 6 (VRA 15		0	Fisselin H	1 HOILE	Banka	"SE	P 2 2" 1987" A	28 BEGISTENBA GLONAT	

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Charles the secretary

27	}						STAT	E OF Man			
661	63	SEP 18	87	FOR STATE REGISTRAR			CERTIF	IEALTH AND ME AL HYG ICATE OF DEATH	8 / REG. NO.	2 5 1	1 4
	. n	deoth		CEASED NAME FIRST LEO		OUIS HENS		AST	SEPREMBER		26 HOUR 6:18 P
	le 4 may b	s after de	3. SE	Male	4. RACE White	e	July	of BIRTH 14,11910 YEAR	6. AGE (IN YEARS LAST BIRTHE		R 1 YEAR IF UNDER 24 MRS
-	100 Was	RE		RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DXX NEVER MARRIED	Baltimore City or Baltimore	COUNTY OF DE	ATH MD.
5kill		00	10 CI	Baltimore		HOSPITAL, NURSING CHEACILITY GIVE STREET A RICH HIL.		OR OTHER INSTITUTION	170 USUAL OCCUPATION LIVE OF WORK FOR MOST OF V DISTRICT Ma	CILAL CHEST INTO	KIND OF BUSINESS OR USTRY IATMACEUTICA
AND	1 24 hour	onld by	13a. S	AL RESIDENCE (IF NURSING HOME OF JATE 136 COU)	COTHER INSTITUTION VITY COMMON TO THE COMMON	Baltimo	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS / 7113 Rich	ZIP COPE Hill Rd.	21212
MARYL	ted within	O State Con	14. FA	THER'S NAME Louis	WIDDIE	Hens LAST		is. mother's maiden na Emma	K . MIDDLE	Sachs	LAST
TIMORE	be execut	edical	16a. V	VAS DECEASED EVER IN U.S. AR ES. YOUR WWES I	MED FORCES? TWAR OR DATES)	218-09-62		H. Elinor Her	ns Sa		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	equires that the death certifica	hen please remave of ta burial, crematian, njury, ar ather traum	NOI	PART 2 OTHER SIGNIFICANT	DUE TO, C DUE TO, C DUE TO, C (c)	DR AS A CONSEQUE	NCE OF		Cardinage INAL DISEASE OR CONDI	Dis	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH Z GRUP 25 478 PART 110
	ATTENDING PHYSICIAN: The low raspital or attending physician. ECTOR: After this certificate has been	cd for use as the bural-transit permit. 31 of Health and Mental Hygiene prior in 21 is marked ar Item 18 shows any i	MEDICAL CERTIFICATION	196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22c.1 certify that (1) (1 the body sow the deceased alive or above, (1) (w) (did) (did and 27b. SIGNATURE)	21b. TIME C HOUR A P) 21e PLACE (AT HOME, ST	DF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE FA	Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURS 211 LOCATION STREET 19 70 and that in (my) (9M) opinion of	YES NO CENTER NATURE OF INJURY I	IN CERTIFYING C YES IN ITEM IS PART I OR I COL 13 19 20 21 21 21 21 21 21 21 21 21	2, that (I) (see) last om the causes stated
	TO HOSPITAL OR retained by the hi TO FUNERAL DIRI	shauld be detache with the State Dep IMPORTANT: If the	23a P	William Carl	Eberlin	0.	ng	TIENDING PHYSICIAN PARTIES ADDRESS 7401 Osler I	MEDICAL STAFF DIRECTOR PHYSICIA Pr. Towson	AN 🗆	9-14-87 21204
	BP		(Burial		5/87 Dul	aney	Valley Memori	al Timoniur		. Co., Md.
t	OHMH - 16 (VRA	60M 7/84 15, 4)	Mi Mi	tchell-Wiedefe	ld Home	, Inc. Bal	500 Y	York Rd. 250 DAT Md.21212	SEP 1 7 1987		iden Rondals

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STATE OF MARYLAND

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0.0 3 3 4	OLI (1	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	A Dress	~	
			CEASED NAME FIRST	MIDDLE		tAST	20 DATE OF DEATH MO	TH DAY YEAR 2	b fieur	
1 75		(TYP)	ORPRINT) Marv		HER	716	September 22	1987	11:51a	
fou do		3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR	IF UNDER 24 HRS	
7 25		1	Female	White	An	ril 23,1899	88	YRS MONTHS BATS	HOURS MIN	
Pog Pog	1961	(g. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INITRY2 8		9 BALTIMORE CITY OR CO			
at less	Copy	Y	OUNTRY) Austria	U.S.A.	WIDOW	ED NEVER MARRIED	Baltimore ('ounty		
0 27	17	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF		
4 41	57		Baltimore /	FRanklin		ospital	HOme Maker	RKING LIFE) (NDUSTRY		
8 57	3	peo	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)				
24 5	35	10000	D.	The state of the s	timore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	11 Avenue-2	1206	
1 10	-	_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME			
2/17	30	D	John ,	Krau	tsak	Lena	WIDDIE	Mue 11e	er	
20 3			VAS DECEASED EVER IN U.S. AR	AED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS			
1 8 8	10	1	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 213-	74-0081	FRank J. Her	zig Sr4212 F	owell Aven.	-2120	
2 00	4 2		CALISE OF DEATH (Enter on	y one cause per line far (a)	(b) add (c)	1			ATE INTERVAL	
theo phys	100		PART I. DEATH WAS CAUSED		rdio.	Rulmona	m arre	3 - BETWEENON	SET AND DEATH	
8 6 6	2 2		IMMEDIAL	E CAUSE (u)		//	1. 1 -	1.		
4 2 2	The same		Conditions, if ony, which	DUE TO, OR AS A POI	NSEQUENCE OF	Myocar	dial intar	cotion		
7 71	10 0		gove rise to immediate cause (a), stating the) (0)		On .	. //			
1 21	5 4	1	underlying cause last	DUE TO, OR AS A COL	NSEQUENCE OF	vo. hear?	Lautun	0		
£ 95	10.00		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTE	CTO DEATH BI	I NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART LIG		
don't puri	d of	Z O								
A 000	1 1	CATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED	20e AUTOPSY? 201	. IF YES, WERE FINDING	S USED	
0 10 to 10 t	110						YES NOW	CERTIFYING CAUSES O	NO	
T of the state of	123	CERTIF	210. ACCIDENT WAS UNDERLYING	110110 1 11 11011		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM IS PART 1 OR PART 2)		
34 41 E	2 4	1	OR CONTRIBUTING CAUSE OF DEA		IH DAY YEAR					
ding ding	1 1	ĕ	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION				
61 11	P 9	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE	
No 4	Allo Book		220. I certify that (I) (this hospit	all attended to decease	l dram	117 3/10 80	7 012	2 10 5 / 4	ot (l) (we) lo	
27 8 S	1 1	1	saw the deceased alive an	11:80 19 1221	1987.	and that in (my) (our) opinion	deoth occurred on the date of			
4 8 D	1 1		above, (I) (we) (did) (did not 22b. SIGNATURE	View the body after death	1.	DEGREE		22c. DATE SI		
Q 1 Q 2	D D		Washington In	four			MEDICAL STAFF DIRECTOR PHYSICIAN		GIVED	
TAIL DY TEAL	£ 5	1	22d. PHYSICIAN'S NAME (TYPE OF		/					
0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100		120. PHYSICIAN'S NAME (TYPE OF	-M. 71)	N	1206 7	aylor Ave	rue Balt	0,00	
04 07	# #1	-		, , ,				m	12/2	
2000		23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
BP			Burial	9-25-87	Holy F	Edeemer CEm.		,Maryland		
DHMH - 16	60M 7/84		UNERAL DIRECTOR	1er Inc -6415 Relair Road-21206 SEP 23 1987						
(VRA 1		1 .	John C. Miller,	Inc6415 Be	lair Roa	d-21206 SEF	20 1301			

HOSPITAL

etained by

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65689

FOR STATE

REGISTRAR I: DECEASED NAME

FIRST

STATE OF M	ARYLAND
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AKII	MENT	10	HEAL	IH	ANU	MENIAL	H
	CE	RTI	FICA	TE	OF	DEATH	

MIDDLE

O REG. 1	NO -	2			
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
9-13-8	37			6pm	
6 AGE IN YEARS LAST B	RTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HR	5
		MONTH	C. INAME	Anna Anna (Anna Anna Anna Anna Anna Anna	5

HERBERT	John	HESS	9-13-87	6pr	m
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER	24 HI
Male	White	7 ⁰ 17, 1907	EAR 80	MONTHS DATS HOURS	MI
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARR	ED BALTIMORE	COUNTY	
TOWSON	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET G. B. M. C. 6701		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Contracting MI	industry Steel Mfg	
USUAL RESIDENCE (IF NURSING HOME OF 138. STATE 138. COUR Bal		VN 13d INSIDE CITY LI			
	MIDDLE LAST John Hess	15 MOTHER'S MAI	rine	Fisher	
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	NMED FORCES? 166 SOCIAL SECULAR WAR OR DATES) 171/09/9		. Hess (wife same a	s 13e.)	H
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQU	1	IOV DIC	APPROXIMATE INTER BETWEEN ONSET AND 72 hrs.	DEAT
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF	104 • A19		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

NOV

IN CERTIFYING CAUSES OF DEATH? NO |

206. IF YES, WERE FINDINGS USED

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

III LOCATION CITY OR TOWN COUNTY

200 AUTOPSY?

22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 4/13
above, (I) (we) (did) (did not) view the body after death.

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

226 SIGNATURE

DEGREE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

51 A1E

STEADMAN

231 NAME OF CEMETERY OR CREMATORY

Ne ADDRESS

23d LOCATION

Green Mount Crematory

Baltimore, Maryland 21202

9/15/1987 Cremation 24 FUNERAL DIRECTOR

Walter Brooks Bradley, Inc. Balto., Md. 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

marked or Item

IMPORTANT:

190 DATE OF OPERATION

230 BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND

65843 SEP 16	87	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. N		1 1	7
		CEASED NAME FIRST	N	MDDLE		AST	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Molly	M.		Hes	S	September	8	1987	3:30a _M
0 0 0	3 SEX	(4. RACE		5. DATE		6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
4 50		Female	White 75 CITIZEN OF WHAT COUNTRY		April 19 1910		77	YRS.	MONTHS DAYS	HOURS MIN.
1 1100	7a. Bi	RTHPLACE STATE OF FOREIGN			8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
1 150		Va.	USA		WIDOW		Baltimor	e Cou	nty	MD.
11 800	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	F BUSINESS OR
501190	1	Towson	Manor	Care -	Ruxto	n	Housewife	DF WORKING LIF	(E) INDUSTRY	
ND 213	13a S	TATE 136 COUT	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR 13c. CITY OR TOW ESSEX	E ADMISSION) /N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			21
1 1 1	IA: FA	THER'S NAME				15 MOTHER'S MAIDEN NA		art R	oad ZIZ	21
A 1 11/12/13/		John	MIDDLE	Sine		Rose	WIDDLE	Mil.	ler IAS	Л
1 1111		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI	ESS		
Q 1 00 1/	- Iv	ES NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	234-01-	-7020	Martha Albr	ight 1730 E	Carhar	t Road	21221
1 111		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), an	id (c).)	c 00			APPROX	MATE INTERVAL ONSET AND DEATH
2 4 20		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D BY: TE CAUSE (a)			(01)				Sm
PRESTON ST he death cert he orith cert more common country or froumbits as		IMMEDIA		AS A CONSTOU	ENICE OF					0
25		Canditians, if any, which	(b)	AS A CONSEOU	ENCEOF				-	_
t W. PRE that the d by the o observement of cremati		gave rise to immediate cause (a), stating the underlying cause last.		AS A CONSEQU	ENCE OF					
RDS, 20 requires 1 Then plant rio burs rio burs	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi- intend of physician for this certificate has been sig- as the burnal transit permit. The th and Mental Hypiere prior to a firked or free. 18 shows any mint	THEATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
A ZE SEE ST	CERT	710. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
8 22 1911	Z Z	OR CONTRIBUTING CAUSE OF DE.	ATPR		19					
NO HAR PARTY	MEDICAL	714 INJURY OCCURRED	71e PLACE C	OF INJURY SET, FACTORY OFFICE, I	ABAL EYE 1	211. LOCATION	CITY OR TO)WN	COUNTY	STATE
N Of the S	2	NOT WHILE AT WORK	(AT HOME, STRI	ELL PACIONY OFFICE,	ARM, EIC J			1		
D AND A STREET		220.1 certify that (1) (the bace	tal) attended the	deceased fram_	-	19 85	, to	18	19.8	that (1) (ve) last
Part of the state		saw the deceased alive an abave of (we) (did) (did)	t) view the body	219	87.0	nd that in (my) (por) apinion	death accurred an the d	ate and hau	r and from the	causes stated
A de		226. SIGNATURE	0101	X	4	DEGREE			22c. DAT	SIGNED
A A A A A A A A A A A A A A A A A A A		Gregny S	The	2m/)	r	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	19/	7/87
HOSPIT HOSPIT FUNER ORTAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				1/
TO FUN heads by waters		Dr. Greg	ory Walk	ker		3300 N. Cal	vert Street			
51 551 31	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP		Removel	9/8/87	7 Ro	seDal	e Cemetery	Martinsh	ourg B	arkley	W.VA.
DUINI 11 (AL SA)		INERAL DIRECTOR		Hara Ta		25g DAT	REC'D BY REGISTRAR	256 REGIST	RAR'S'SIGNAT	PREdace
DHMH - 16 60M 7/84 (VRA 15, 4)	C	onnelly Funeral	Home 3	ADDRESS O MaceA	Je. 2	221 SEI	10 1987	Juna	Division h.	-

6548

SEP 15

completely filled in by the funeral director, page 3 s and 2 should be filed withm72 hours after death

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
- STATE	

DEPART

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	7	REG. NO	5	4	
1.057	1 0 0	ATEOE	DEATH			į

87	REGISTRAR				CERTIFI	CATE OF DEAT	Н	B REG. N	£ 3	1 1	9
I. DE		IRST	٨	AIDDLE	C/	157		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYPI	Pau Pau	line	Pet	ronella	a HES	TER		5	Sept. 1	3 87	4:15A M
3. SE	X	4.	RACE		5. DATE O			AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR	
1	Female		Whi	te	June	0.0	7	90	YRS	AONIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FORE	IGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRI	ED 1	BALTIMORE CITY	R COUNTY	OF DEATH	
	Maryland	2	USA		WIDOWE			Baltimore	Count	ty	MD.
10 C	ITY OR TOWN OF DEATH	# 11				R OTHER INSTITUTE		120 USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
0	Catonsville			t Nursi	ine Home			Homemake		INDUSTRY	
USU	AL RESIDENCE (IF NURSING		HER INSTITUTION.	GIVE RESIDENCE B	EFORE ADMISSION)						
	arvland	COUNTY		Baltin		13d. INSIDE CITY LIA	_	4307 Eldo		ad 21	229
	ATHER'S NAME			Darch	INTE	15 MOTHER'S MAI			THE TWO	14, 21.	223
7	FIRST	MIC		LAST		FIRST		MIDDLE			AST C
26. 1	John WAS DECEASED EVER IN	McG		Kell		Mary 17 INFORMANT		Eleanor		Umla	aur
	YES, NO OR UNKNOWN) (1		AR OR DATES)				_			-	
	No			214-18	3-3852	Mary E.	Roche	, 4457 Eld	done Ro		
	18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED F	ane cause per	line far (a), (b	, and ich	10	- 0	1-		BETWEEN	NONSET AND DEATH
		MEDIATE		ar	ella	CIPU	rei) (
			DUE TO, OF	AS ALCONSE	QUENCE OF	1	4	110-1	2.		
	Canditians, if any, w		(b)_/	4 The	10 80	DONOL	10	Heart	Viseo	ase	
	gave rise to immed cause (a), stating	iate the	DUE TO OF	R AS A CONSE	OUENCE OF						
	underlying cause	last.	(6)		doerree or						
	PART 2 OTHER SIGNIFI	CANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITIONGIVE	N IN PART 1	1a
Z	Orgo	ani	c. 81	Wun	SU	ndrem	2				
CERTIFICATION	190 DATE OF OP ACTION	7	19b. CONDI	TION FOR WH	ICH OPERATION	WAS PERFORMED)	200 AUTOPSY?	20b. IF YES,	, WERE FIND	INGS USED
F	- 81							YES T NOT	IN CERTIFY YES		S OF DEATH?
ERT	210. ACCIDENT WAS UNDERLY	YING	21b. TIME O	FINJURY		21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			NO []
	OR CONTRIBUTING CAUS	SE OF DEATH			DAY YEAR			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
MEDICAL	116 INJURY OCCURRED		P./ 21e PLACE (19	211 LOCATION					
WE	WHILE NOT WHILE			EET FACTORY, OF	FICE, FARM ETC)	STREET		CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WORK					<u> </u>					
	220.1 certify that (1) (the saw the deceased of) attended the					, ta			, that (I) (we) last
	abave, (1) (wey (did)	(did nat)	view the bady	after death.			apinian de	eath accurred an the d	ate and havr		
	22s. SIGNATURE	P	2 1 -	4.4		DEGREE	01410	MEDICAL STA		22c. DATI	E SIGNED
	1800	150	ca	11	- /	ATTEN PHYSI	CIAN X	MEDICAL STA	IAN 🗌	9-1	4-0)
	228. PHYSICIAN'S NAME	E (TYPE OR PI	RINT)		-	22e ADDRESS					
	Dr. Baskar	an				3455 Wi	lkens	s Avenue			
	BURIAL, CREMATION, REA	MOVAL	23h DATE		23c. NAME OF C	METERY OR CREM	ATORY	23d LOCATION		COUNTY	(1.15
	Burial		9/16/	87	Most Hol	y Redeeme	er Cen	Baltimor	e	-	Maryland

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attershald be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Membal Hygiene Prior to burial, cremation MPORTANT: If Hem 21 is marked at Hem 18 shows any injury, an other traum

or attending physicia

etained by the haspital

BP

(VRA 15, 4)

124 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., ADDRESS 21229

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

256 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 1 4 1987 Julia Diciden Rad

Julia Dividion Pendass

2 March March & March & Davids

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traumotic event, the medical

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SEP

	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND REALTH AND MENTAL HYG FICATE OF DEATH	3 7	REG. NO.	5		9
	CEASED NAME E OR PRINT)	FIRST	,	AIDDLE	l	AST	20. DATE OF DE		NTH DA	Y YEAR	2b. HOUR
	50	ra H		<u></u>	Hey	vitt	9	-26	2 -	1987	3:15 cm
3. SE	X	4	I. RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDA		UNDER 1 YEAR	IF UNDER 24 HRS
	Female		WA	114		- 19-1902		85	YRS.		May.
	IRTHPLACE (STATE ORE			WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE	CITY OR C	OUNTY	F DEATH	
I	Salto. Co.	Md.	USA		WIDOWE	_	В	altim	ore (Co.	MD.
	ity or town of DEA Randall stov		Balto.	HOSPITAL, NURSING CO. GEN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO HOU		PRKING LIFE)		OF BUSINESS OR
	AL RESIDENCE IN NURS	136. COUNT Ba		GIVE RESIDENCE BEFOR	/N	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADI	easan	t Hi	11 Rd.	21117
14. F	ATHER'S NAME		IDDLE			15 MOTHER'S MAIDEN NA	ME				
	Uriah	M	DULE	Cox		Annie	N	HODLE		Disney	ST
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		-	
	YES, NOOR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-58-3	460	Mrs. Sara H.	Wilson	Be	lair	Md.	21014
	Canditions, if ony, gave rise to imm couse (a), storin underlying cause	which nediote g the last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	10 50	r & y	67		
Z	4.			DIVIRIBUTING TO			IN AL DISEASE O	K CONDITION	ON GIVE	IN PART II	a ·
CERTIFICATION	190 DATE OF OPERAT			TION FOR WHICH		N WAS PERFORMED	200 AUTOPS		LIF YES, 'CERTIFYI		NGS USED S OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C	CALEXAMINER)	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN	ITEM TS PAR	TTORPART2)	
MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F		211. LOCATION STREET	C	ITY OR TOWN		COUNTY	STATE
	22a.1 certify that (1) saw the decease abave, (1) (we) (c	d alive an_	9-2	2 - 195	- 7 , an	d that in (my) (our) opinion (to	n the date of	and hour o		that (I) (we) last couses stated
	27b. SIGNATURE	9.	elu	reus		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c DATE	SIGNED
	22d PHYSICIAN'S NA	ME WYPE OR	PRINT)			22e ADDRESS					

230 BURIAL, CREMATION, REMOVAL (SECURY) TO BURIAL Sept.25,87 Druid Ridge Cem. BP Eline Funeral Home DHMH - 16 50M 1/BI (VRA 15, 4)

Reisterstown, Md. 21136

10005

23c NAME OF CEMETERY OR CREMATORY

Ba 14.

SFP 23

ORY Pikesville, Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Divideon Pandall

Hes

STATE

065162 SEP

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

065852 page 3 may be reral director, point 72 hours after o BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., TO HOSPITAL OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. SEX	1050	ph C	HI	uum Sr	2 ***	92 16	4	HOUR
Za BIRTI	male	white	5. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY) IF I	UNDER I YEAR II	F UNDER 24 I
حمد	HPLACE (STATE OR FOREIGN 76. WINTERY) O'CO TOWN OF DEATH 111	CITIZEN OF WHAT COUNTRY U.S.A. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	MARRIED WIDOWEE ING HOME OF	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	ON OF WORKING LIFE)	IZE KIND OFF	USINESS
Maj	RESIDENCE (III NUISING HOME OR OTI	HER INSTITUTION, GIVE RESIDENCE BEFO 136 CITY OR TON Baltin	more	134 INSIDE CITY LIMITS? YES A NO [] 15 MOTHER'S MAIDEN NA FIRST Antoine	13e STREET ADDRESS 2805 Whit	zip code e Avenu	Drima.	1
TYES	S DECEASED EVER IN U.S. ARME S, NO OR UNKNOWN) (IF YES, GIVE W NO POPER IN THE NOR OF DEATH (Enter only of PART I DEATH WAS CAUSED B	212-07-	2625	Mr. Joseph C		r. 4000	nix Md. Milda	le 6
NOIL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
	PIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH (P.M.	P.M. MONTH DAY YEAR				NO [
WE	WHILE NOT WHILE TOWNS AT WORK 10 (1) (this hospital	0 . />	9	211 LOCATION STREET	. 10	<u>()</u> 19.		STA
	obove, (I) method (did not) view the body after death. DEGREE 176. DATE SI							GNED
	Carta 5. Alex				-			

DHMH - 16 60M 7/84 (VRA 15, 4)

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Total all the second with the figure and the second

Beth David

Baltimore MD

CITY OR TOWN

Nassau

New York

Elmont

25a DATE REC'D. BY REGISTRAR 256 RE

DHMH - 16 60M 7/B4 (VRA 15, 4) Burial

24 FUNERAL DIRECTOR

10/2/87

Hebrew Memorial F.H. 1100 Refsterstown Rd.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 067380 REG. NO. ECEASED NAME (TYPE OR PRINT) OF MELISSA RAFF **HOWARD** DEATH 4 RACE I. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS & HOUR DATE PRONOUNCED - 19-191 DEAD 76. CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR MARRIED NEVER MARRIED MAR YLAND U.S.A. DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY OVERLEA LABORER RESTURANT SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ELMWOOD ROAD 21206 MAR YI AND BALTIMORE OVFRI FA A. FATHER'S NAME MIDDLE HERBERT DYOTT AGNES TALBOTT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 8. GIVE I WITH FO DIVISIO 30 4248 214 PAUL ZAWICKI 4506 RASPE AVE. BALTO. MD. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. LLEROTU CARDIO BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE LAK DISEASE Canditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FOR EVERSE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BAJRIM YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that I tout charge of the remains described above, held on Inspection 1 ond in my apinian death resulted from Undetermined manner ACTUAL

DHMH - 17 (VR A15 ME (5))

25M

23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL 10/1/1987

EXAMINER'S NAME TYPE OR PRINT

24 FUNERAL DIRECTOR

BALTIMORE CEMETERY

FUNERAL HOME 7110 BELAIR RD. BALTO, MD

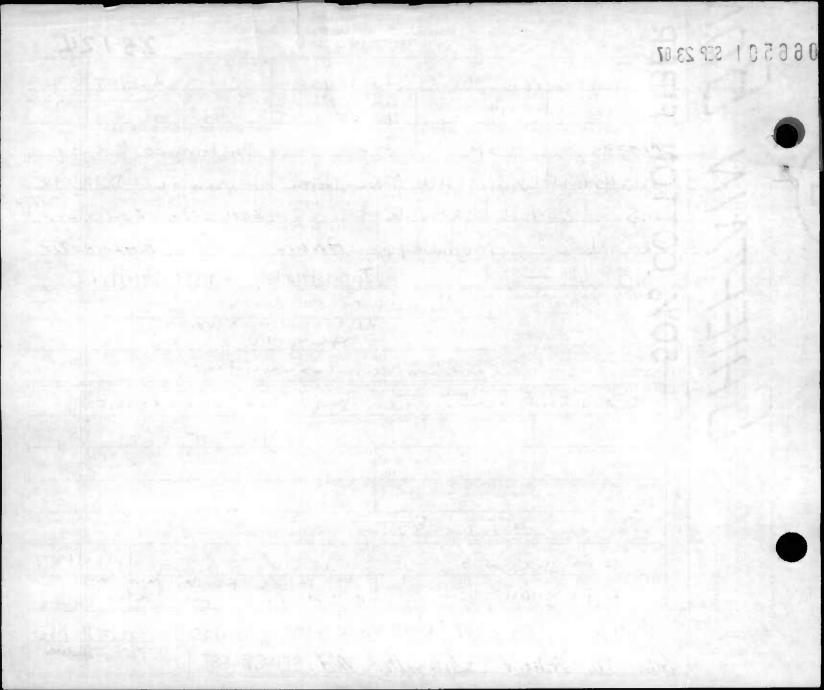
SEP 50186 Live 1504-152

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	25174			
9		EASED NAME FIRST	MIDDLE	ı	AST .	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR			
	3. SE)	Catheria Catheria	ne M.	S. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIRTHDA	+20187 5 PA			
	4	female	White	MONTH	25 1895	91	YRS DATS HOURS MIN.			
1		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH			
	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	WIDOWE IG HOME C		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR			
/	10	AL RESIDENCE (IF NURE ING HOME OR OTH	Chape Hill	ADDRESS)	uu. Home	HOUSEWIT				
	13a. S	MD COUNTY	roll Sykesu		13d INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / ZIN				
у) FA	THER'S NAME FIRST MID		0.1	ANULE	WIDDLE	KALMASTIN			
H		VAS DECEASED EVER IN U.S. ARME			17 INFORMANT	ADDRESS	KALMASIA			
,	(Y	(IF YES GIVE W	AR OR DATES)		John Hurk	ey Randa	Ustaun, MD			
7	1	18 CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED B		3010	emi card	10 · Vascal	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH			
		IMMEDIATE	LAUSE (0)		desens wi	in corons	7			
	5.	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	Prostery o	usenses				
	b	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	0					
		underlying cause last	(c) Cereby	2-0	ascular of	lected ent,				
CERTIFICATION	NOI	PART 2 OTHER SIGNIFICANT COM	ADITIONS CONTRIBUTING TO E	TW.	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION Dehy	/			
	TIFICAT	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 201	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO			
/		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART : OR PART 2)			
	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		22a I certify that (1) (this hospital) saw the deceased alive on abave, (1) (we) (did) (did not) v	9 20 10			to death accurred on the date of	. 19			
		22b. SIGNATURE			DEGREE	2	220 DATE SIGNED			
			ah m.17.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 9/2/18/			
		22d PHYSICIAN'S NAME (TYPE OR PR	IAM.		OWINGS	mili mo.	21117			
-	23a. B	URIAL CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(:	specifi Burial	09-23-87 L	ake	View Cemeter	y Sukesuil	le Carroll MD			
	24 FU	INERAL DIRECTOR	-// ADRES	11	250 DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE deals			
	1	YORY TU. HO	lant stuling	wille	That . SEP	22 1987 8	dia Durdon Rondallo			

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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10.0		0	22100	6	13	4
1	REG. NO	64	2	1	han	end.

140	FOR STATE REGISTRAR			ICATE OF DEATH	8 7 REG. NO	251	2 3
	PE OR PRINT) DOLO EX	RES N	A S. DATE C		6. AGE (IN YEARS LASE III)	16/87 HDAYIL # LINDER I	
1/20	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OTINITAKS 8	13.05	81	YRS	DAYS HOURS N
2	BAltimore MD.	U.S.A.	WIDOWE		BALTIMORE CITY O	MORE	COUR
8	TOWSO N	21.70	SEPH	HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Home Ma	F WORKING LIFE) INDUS	ND OF BUSINESS STRY
13a.	UAL RESIDENCE (IF NURSING HOLE OF STATE 136 COUL	NTY 13c CITY	pence before admission) Y OR TOWN 1 timore	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 6521 Hillt	ZIP CODE op Avenue-	-21206
(1)	father's name Frank Kuhr		LAST	15 MOTHER'S MAIDEN NA/ FIRST Elizab	eth	Lang	LAST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI		-40-8796	Dolores A. S	ADDRE		top Ave.
	Canditions, if ony, which gave rise to immediate	(b)	ONICE OUTS ICE OF				
N.		DUE TO, OR AS A C		NOT RELATED TO THE TERM	INAL DISEASE OR CON(DITION GIVEN IN PA	RT Ica
TIFICATION	gave rise to immediate couse (a), stoting the underlying cause last.	DUE TO, OR AS A C			200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CAI	INDINGS USED
AL CERTIFICAT	gave rise ta immediate couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A C (c) (c) (D) (D) (D) (D) (D) (D)	ITING TO DEATH BUT		200 AUTOPSY? YES NO	206. IF YES, WERE FIN CERTIFYING CAI	INDINGS USED USES OF DEATH? NO
CERTIFICAT	gave rise ta immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	DUE TO, OR AS A C (c) (c) (d) (e) (in) (in	OR WHICH OPERATION THE DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CAI YES 1	INDINGS USED USES OF DEATH? NO [
AL CERTIFICAT	gave rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE)	DUE TO, OR AS A C (c) (c) (19b. CONDITION FO 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTOR) (stol) attended the decease	OR WHICH OPERATION YONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) seed Irom 19 oth.	211. LOCATION 211. LOCATION STREET , 19 and that in (my) (our) opinion of the company of the company opinion opin	200 AUTOPSY? YES NO CONTROL NATURE OF INJURE CITY OR TOTAL	20b. IF YES, WERE FIN CERTIFYING CAL YES YIN ITEM 18 PART 1 OR PAI WIN COUNT TO THE ART	INDINGS USED USES OF DEATH? NO TY STATE , that (b (we))
MEDICAL CERTIFICAT	gave rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED SALE OF THE STATE OF T	DUE TO, OR AS A C (c) CONDITIONS CONTRIBU 19b. CONDITION FO 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTOR 21to I) attended the deceases 21 view the body after deceases 22 VIEW THE BODY AFTER 23 PRINT)	OR WHICH OPERATION Y NTH DAY YEAR 19 RY RY OPERICE, FARM, ETC.) Sed Irom OPERATION OPERATI	211. LOCATION 211. LOCATION STREET , 19 and that in (my) (our) opinion of the company of the company opinion opin	200 AUTOPSY? YES NO CONTROL OF INJUR CITY OR TOWN MEDICAL STAF	20b. IF YES, WERE FIN CERTIFYING CAL YES YIN ITEM 18 PART 1 OR PAI WIN COUNT TO THE ART	INDINGS USED USES OF DEATH? NO TO THE STATE

DHMH - 16 60M 7/84

should be detected for un with the State Deat of He IMPORTANT, IF HE

John C. Miller, Inc.-6415 Belair Rd.-21206 (VRA 15, 4)

SEP 1 0 1987

MEDITIFICATION AND A LEGISLA

STATE OF MARYLAND

66785 SEP 2	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	2 5	2	o
	1. DECEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
nay be poge 3	TDA		R.	JAN	EC		9-19-87		3:45 D M
p od .	3 SEX	4 RACE		5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BE	RIHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
4 40 00 00 00	Female	Whi			19, 1894 AR	93	YRS		HOURS MIN.
4 40 45	BIRTHPLACE (STATE OR COUNTRY)		OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	Maryland		.S.A.	WIDOWE		BALTIMORE CO			MD
11146	10. CITY OR TOWN OF DE	(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (UPE OF WORK FOR MOST Homemaker		INDUSTRY H	F BUSINESS OR
1120 0415 0415 0415	TOWSON USUAL RESIDENCE (IF NURS 130, STATE	GRM	C 6701 N	CHARLE LE ADMISSION)		13e STREET ADDRESS / ZIP CODE			
ND 28 h	Maryland	Baltimore	Towson	VN	136 INSIDE CITY LIMITS?	970 Radc1	iffe Rd	. 21	1204
Mary Mary	14 FATHER'S NAME FIRST Charles	MIDDLE	Richard	Ison	Sarah	ME MIDDLE F.		Gemme	-11
3 4 4 4	160 WAS DECEASED EVER				17 INFORMANT	ADDR	ESS		
MOM e est	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES		2814	Ruth V. Br	endel - sam	e as #1	3e	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. AGE PHYSICLASI. The law requires that the dearth certificate that the three strictions as the burnol transmir permit. Then please remove termone and the and Americal trygiene prior to burnol, cremation, or itemovanched or them, 38 shows pay injury, or other transmittle events.	Canditians, if any gave rise to imm cause (a), statiunderlying cause	IB CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSE (a)							
The con	RIFE		5.05.111107		Tal. How hills a cour	YES NO YES URRED (ENTER NATURE OF INJURY IN (TEM 18 PART ORPART 2)			NO []
OF VIII	0.0.00.00.00.00.00.00	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	TIE HOW INJURY OCCUR	KED {ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
MVISION Of PHYS of PHYS of the the of the the of the the of the the	21d INJURY OCCUR	RED 21e PLA	CE OF INJURY E STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ATTENDE spiral or CTOR. A 510 use : or Healt	saw the deceas obove, (I) (we) (ed alive an Cdid) (did not) view the b	19	. or	nd that in (my) (aur) Dpinian	, to919 death accurred on the c	date and hour a	nd from the	
TO HOSPITAL OR retoined by the In TO FUNERAL DIRECTOR with the Store Dept. WHORTANT: If the	226. SIGNATURE	AME (TYPE OR PRINT)	Mo	9/20	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL ST DIRECTOR PHYSI	CIAN	22¢ DATE	SIGNED
O HOSPITAL TO FUNERAL Should be del with the Stote	DR. IKA				G.B.M.C. 6	701 N. Char	les St.	2120	04
₽P	230 BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 236 DATE 9-22		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Parkvill	e, Ba	lto.,	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR		1050	York		E REC'D. BY REGISTRAL		R'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	· · · · · ·
I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	YEAR 26 HOUR A
The state of the s	Mrs. Dorothy R. Jess	000	9/6/87	5119 M
1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	Caucasian	4/8/07 PAY YEA	80 YRS	TONTHS DAYS HOURS MIN.
IN BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	_ 9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	U.S.A.	WIDOWED X X DIVORCE		County MD.
IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	N 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Randallstown	(IF NOT IN SUCH FACILITY, GIVE STREET,	General Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE	
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		21208
ALCOHOLOGICA CONTRACTOR CONTRACTO	Baltimore Pikesvi			22200
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		LAST
Fred Stidnen	MIDDLE	Beatri	ce Ritte	LASI
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU		Mr. George F. Scidian	
(YES, NO OR UNKNOWN) (IF YES, (215-05			nore Maryland 2123
& CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a) Cerely	o nozewon	occident	
IMMEDI		NCE OF		
Canditians, if any, which	DUE TO, OR AS A CONSEQUE	elized other	rosclerosis	100000000000000000000000000000000000000
gave rise to immediate cause (a), stating the	DUE TO OD AS A CONSTOUR	NCL OF		
underlying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF		
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	EN IN PART Tra
Z				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
#E			YES NO YES	_
210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	AY YEAR 216. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
OR CONTRIBUTING CAUSE OF E	ZEATH	19		
(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
NOT WHILE AT WORK	TO HOME, SINEEL, FACTORY, OFFICE, F	ARM, ETC)		
22a.1 certify that (1) (this has	pital) attended the deceased fram_	Ava. 17, 19	87 to 3 ept. 6,	19. \$ 7. that (1) (we) last
			pinian death accurred on the date and have	and from the causes stated
226 SIGNATURE		DEGREE		22c. DATE SIGNED
Shonen	Sommetal.	end, m.D. ATTEND	ING MEDICAL STAFF	9-6-87
224 PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS		1
6 HASSEM	POURMOTA	ABBED 5	3 alto. Co. Gen	. Hospital
230 BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION	
(SPECIFY) Burial	9/10/87	Woodlawn Cemetery	Woodlawn Balto	COUNTY STATE
	ring Byers Funeral Di		o. DATE REC'D. BY REGISTRAR 256. REGIST	
	ed Randallstown Mary	-	SEPU 9 1987 Juli	e Devidon-Randass

Per August NV 1 X 8 St. D. o. D. Constit. Contractive. SAME WINE OF of the Real Statem, Inc

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STATE OF MARYLAND

066166 SEP 1	- 5	AIE		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	5 1 2 9
		GISTRAR SED NAME FIRST		MIDDLE		AST	REG. NO.	DAY YEAR 26 HOUR
oth 3	TYPE OR P	(1/418	Daniel W.				9-12-87	1-50
may pag	3. SEX		4 RACE -	JAII SAI	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER A HUE
softo:		Male	Can	ucasian	MONTH 9-2	21-55 DAY YEAR	31 YR:	MONTHS DAYS HOURS MIN
O # 35	70. BIRTH	PLACE (STATE OR FOREIGN TRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED		NTY OF DEATH
3 155		or town of DEATH	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET,	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
ND 211	130 STAT		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Randalls	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	21122
MARYLAND 21 ed within 24 ho notedy filled it ond 3 should be examine most b	14 FATHE	R'S NAME FIRST athan Johnson	MIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST Evelyn Gun	AME ##	LAST
BALTIMORE,	(YES, N		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU			Janet Johnson Ess	
TIMC	N	CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		218-62-		3808 Namo Rd.	Randa	allstown Maryland 2113 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 201 W. PRESTON ST., requires that the fact that the fact that the place tha	9 cc		(b) DUE TO, O (c) HT CONDITIONS CO		ENCE OF	NOT RELATED TO THE TER	CIRRHOSIS MINAL DISEASE OR CONDITION	
VITAL RECONSTRUCTION The low hysician. Icate has be ransis permity Hygiene pri Hygiene pri Bashowson	RTIFIC	DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
SICIA SICIA SICIA Certifi ringl-t	CAL	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DIVISION DING PHY or offendir After this e as the bu olth ond M morked og		HILE NOT WHILE NORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI ortol or or use of Heol		I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 4-	12 19	3/		, to, to	
TAL OR AT by the hosp of the tote Dept. (detoched for tote Dept. (detoc		SIGNATURE	men	7		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-12-87
TO HOSPITAL (retained by the TO FUNERAL I should be deto. with the State I		ORLANDO	B.	Contra				www md . 21133
BP	C	remation	9-16-	-87 V	Vestvie	EMETERY OR CREMATORY W Crematory	Catonsville Bal	
DHMH - 16 60M 7/84 (VRA 15, 4)		ral director Long 728 Liberty Ros		Funeral Direction Maryla			EP 1 7 1987	DISTRAR'S SIGNATURE

10 5 6 1 6 5 5 6 10 87

066366 SEP

4	218	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REGARE	. 5	3 0)
Ì		CEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH DA	Y YEAR 2	HOUR
1		Sallie	2	F.		Johnson	1	87 1	1:26a	
1	1. SEX		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIR		or other team	FUNDER 24 HRS
4		FEMALE	BLACK		10	18 07	79	YRS		,,,,,,
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
		VA	US		WIDOWE	DI DIVORCED	Baltimore			М
2	10 CI	TOWSON	I IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS	dical Center	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126. KIND OF EINDUSTRY DISABL	
5	OSUA S	AL RESIDENCE (IF NURSING HOME OR TATE BY. COUN	OTHER INSTITUTION		E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		212	
Z	N FA	THER'S NAME FIRST ADOLPHUS	MIDDLE	WILLI	AMS	ANNA	MIDDLE		WILLI	AMS
2		VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, giv	MED FORCES? E WAR OR DATES)	166 SOCIAL SECT		CHARLES HAMM	2811 WOODLA		ENUE 212	15
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	Pneumonia Pras a consequ Stroke Pras a consequ	ENCE OF	Cardiovascu	lar Disease		5 day 3 mos	TE INTERVAL SET AND DEATH
	NO	PART 2 OTHER SIGNIFICANT (DITION GIVE	N IN PART 1:0	
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES OF	S USED F DEATH?
1	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE STATE OF THE S		AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	E 1
	MEDI	214 INJURY OCCURRED NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
		22a. I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	Septemb	per 18.19	07	nd that in (my) (our) apinion	to September death occurred on the de		,	ot (I) (we) for uses stated
		Constan	Cel		1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		224 DATE SI	SNED 8
1/3		Carolyn Cidi				G.B.M.C.			*	

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR
WM. A.C. MARCH F/H INC. 1101 EDRESSNORTH AVENUE (VRA 15, 4)

236 DATE

9/22/87

230 BURIAL, CREMATION, REMOVAL BURTAL

23d LOCATION
CITY OF TOWN
RAWLINGS WILLIAM FAMILY PLOT

COUNTY

VA

							E UF MARTL					
0665	9 SEP 2	318	FOR STATE REGISTRAR		DEPART		EALTH AND ICATE OF I	MENTAL HYG DEATH	2 7	2 5	1 3	-1
e Q	page 3	I. DE	CEASED NAME Arthu	ır	MIDDLE	Jor	nes, Jr		Septembe		987	4:42 a _M
You	o de de	3. SE	(4. RACE		5. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
4	s afre		male	blac	ck	MONTH	16	1924	62	YRS	MONTHS DATS	HOURS MIN.
Pag	The second		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CI	TY OR COUNTY		
death	unerol nin 72		Va	USA		WIDOWE		NORCED	Baltimor	4		MD.
5. H	filed the	,	TY OR TOWN OF DEATH Baltimore	Frank	HOSPITAL, NURSII CHFACILITY, GIVE STREET (1 in Squa	re Hos		TITUTION	12a USUAL OCCU {TYPE OF WORK FOR M			OF BUSINESS OR
AND 212	filled in aculd be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE Md	DR OTHER INSTITUTION	Baltimo	VN	13d. INSIDE C	NO [1302 E	ESS / ZIP CODE Belved	Apt A	21239 enue
RYL	2 sp	10.	THER'S NAME	WIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	ni‡	14	AST
MAI Ped	ldw Pus	1	Arthur		Jones	, Sr	L	uetta	11100		Pul	liam
, BALTIMORE, MARYLAND 2	Pages Comedical		VAS DECEASED EVER IN U.S. A VES. NO OR NOWN) (IF YES, G	RMED FORCES?	227-20-		Beatr	ice B.		302 F.	Belved	pt A
ORDS, 201 W. PRESTON ST	J. Then please remove carbo for ta bural, cremation, ar re y injury, ar other traumatic	ITION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	DENCE OF		O TO THE TERM	INAL DISEASE OR (EN IN PART 1	
AL REC	how	CERTIFICATION	DATE OF OPERATION	148 CONE	OTHOR POR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO	IN CERTIF	YING CAUSE	S OF DEATH?
DIVISION OF VITAL RECORDS,	certificate riol-transiental Hyg		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DFINJURY J.M. MONTH D J.M.	AY YEAR	71c HOW IN	NJURY OCCURI	RED (ENTER NATURE OF	FINJURY IN ITEM 18 P	ART (OR PART 2)	
VISION G PHYS	er this of the building and Me	MEDICAL	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	711 LOCATI	ON T	СПА	OR TOWN	COUNTY	STATE
TTENDIN	Spitol ario		220 1 certify that (A (this has sow the deceased always above, M (we) (did) (did)	Septen	he deceased from 15er 20 19	Septe 87.		19 87	deoth occurred on t			, that X (we) last e couses stated
AL OR A	v the hos AL DIREC detoched ate Dept. IT: If them		276. SIGNATURE Z.K	1 10	mj	}	DEGREE	ATTENDING PHYSICIAN [X MEDICAL DIRECTOR □ PH	STAFF HYSICIAN [t. 20, 198
HOSPIT	to FUNER should be a with the Sta		Dr. Z.	Lahiji			900		lin Squar	e Dr.	2	1237
7	BP		BURIAL, CREMATION, REMOVA SPECIF Burial	236. DATE 9/24		edar I		CREMATORY Cemeter	y Anne	Arundel		STATE
DH.	MH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Im. C. March F/	H West	4300 Waba	sh Ave	enue		E REC'D. BY REGIST 22 1987	1 .		Randaes

		STA	TE O	F M	ARY	AND	
DEPART	MENT	OF	HEA	LTH	AND	MENTAL	HYGI
	CE	DTI	213	ATE	OF	DEATH	€.

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G. NO.	5	o tupos	3	2
. O. 14O.				-

06-6792 s	EP :	FOR STATE PEGISTRAR			DEPART		EALTH AND MENTAL HY	8 /	2 5 G. NO. 5	1 3 4	ë m
		1. DECEASED NAM	FIRST		MIDDLE	ı	AST	20 DATE OF DEA	TH MONTH C	DAY YEAR 2b	HOUR
by be oge 3 death		(THE ORPRINT)	Helen	Ne	ewman	Jon	es	September	2	3 1987 2	:30P M
moy pod		3. SEX		4. RACE		S. DATE C	OF BIRTH	6 AGE IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR IF L	INDER 24 HRS
ctor soft		Female		White		July		93	YRS	MONTHS DAYS HO	URS MIN.
Poge direct	7	To. BIRTHPLACE (TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8		9 BALTIMORE C	TY OR COUNTY	OF DEATH	
deoth.	1	New Jers	SOV.	11	.S.A.	WIDOWE	D NEVER MARRIED	Baltime	ore Co		MD.
* + /70	~	10. CITY OR TOWN		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCL	PATION	126. KIND OF BL	
offer ed w	5	Randalls	Coun		JCH FACILITY, GIVE STREE		Hospital	Homemake	NOST OF WORKING LIFE	Own Home	
120 ours in by	-	USUAL RESIDENCE	(IF NURSING HOME	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFO	RE ADMISSION)				DWII HOME	
ID 2	4	Maryland	13b. COI	timore	Baltimo		13d. INSIDE CITY LIMITS?	13e.STREET ADDR	ess / ZIP CODE ays Lane	An+ /.00	21207
YLAN Thin Shin Shin Shin Shin Shin Shin Shin S	70	14 FATHER'S NAME		tillore	Dartimo	re	15. MOTHER'S MAIDEN N		lys Lane	APL 400	21207
ARY WITH	(Z)	John		MIDDLE	NOTES		FIRST	MID	DLE	C = 1 =	
Con Too	_	JOIIII 16a WAS DECEASE		lls	Newman	LIPITY NO	Miranda	\ A	DDRESS	Cole	
MORE e exect	1	LYES, NO OR UNKNE	OWN) (IF YES, C	SIVE WAR OR DATES)			(5	on)	16 Holl	Road .	100
be be		No		/A	220.14.		Mr. Richard	C. Jones	Pasadena		122
BAI cote cote ope- ovol.	100	18 CAUSE O	F DEATH (Enter	only one couse pe	er line for (o), (b), o	nd (c).1	etres:	2 1		BETWEEN ONSE	TAND DEATH
ST.,				ATE CAUSE (o)_	Kecu	m	W. VY	- pre	unie	-	
ON or the conding		N. Park		DUE TO,	OR AS A CONSEOL	JENGE OF	1-		011	while	
PRESTON death of thendir			if any, which to immediate	(b)_	N.OC	in	us ill		- ceu	Mus	
A A			stating the	DUE TO,	OR AS A CONSEQU	JENGE OF	·lowilla	toon			
201		DART 2 OTH	ED CICALIEIC ANI	(c) L	CONTRIBUTING	DEATH	NOT RELATED TO THE TER	DAMALA DISEASE OR	CONDITION CIV	ENI INI DART L	
. B. 248 5 3			11)	CONDITIONS	A-R	PI	D 00 1 8-8	10 Q	wen	0 11	TI
RECORDS inw requir		I 190 DATE OF	OPERATION	19L CON	DITION FOR WHICH	H OPERATIO	WAS PERFORMED	20g AUTOPSY	20b. IF YES	WERE FINDING	USEDS
RE DE STATE	X	OF THE OF						YES D NO	IN CERTIF	YING CAUSES OF	DEATH?
TAL TAL The Sicion Sici		71n ACCIDENT	WAS UNDERLYING	71b. TIME	OF INJURY	_	21c HOW INJURY OCCU	120			
JAN. T physici rificate il-tronsi	9	An CALIFORNIE	NG CAUSE OF	EATH HOUR	A.M. MONTH	DAY YEAR		, , , , , , , , , , , , , , , , , , , ,			
DIVISION OF VIT NG PHYSICIAN. Ontending physic fire this certificat nos the buriol-from nos the buriol-from nos the dominol Hyse orden ord Amenal Hyse	/	OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	TIFY MEDICAL EXAMIN		P.M. E OF INJURY	19	211 LOCATION				
ISIC PH tend tend the b		WHILE AT WORK	NOT WHILE AT WORK		STREET FACTORY, OFFICE	FARM ETC)	STREET	CITY	ORTOWN	COUNTY	STATE
DIVI or office of the or o						0) - 0	7 0	122	27	
ATTENDIN ASSPITOL OF A CTOR. Aft of for use of for use of to 91 is more			deceased alive a	0 /	the deceased from	87 1	nd that in (my) (aux) apinio	in death occurred an	the date and how	ond from the cour	(I) (was lost
		obove, () (عبيه) (did) (طبط-	ot) view the bod	ly ofter death.		DEGREE	Doom occorred on	The dote one not	22c DATE SIG	
0 2 0 2 0 2		226. STOTA	- V-	00.	0-		ATTENDING	MEDICAL	STAFF	9/73	787
PITAL by 11 by 11 by 11 by 11 by 11 by 11 Stote	-1	1	AN'S NAME (TYPE	wo	to		PHYSICIAN	DIRECTOR P		1/20	131
HOS oined S FUN ould b		TA	HOOR	AK	AWAJ	A	8204 LI	BERTYR	D Ba	1timor	e
5 f f s x x		230 BURIAL, CREM	ATION, REMOVA	AL 77h DATE	23 (.	NAME OF C	EMETERY OR CREMATOR	23d LOCATION		COUNTY	STATE
BP		Burial	V	Sept 26	- 1987 L	orrain	e Park Cemet				and
DHMH - 16 60M 7	/84	24 FUNERAL DIREC		Multon	1000			ATE REC'D. BY REGIS	7 17 . 0 10		.00
(VRA 15, 4)	. 04	Singletor	Funera	I Home,	Glen Bur	nie, M	ld. S	EP 24 198	Julia Di	Curgain. King	NESS .

STATE OF MARYLAND

d	67	STATE REGISTRAR		DEPARIMI		ICATE OF DEAT	al htgil	INE DEC. M	-	1 50 1 Eq.	3
1	1. DEC	EASED NAME FIRST		MIDDLE	L	AST		D. DATE OF DEATH	MONTH D	DAY YEAR	25 HOUR
	(TYPE	JUL 3	- A O.	lga Ju	LI	AN		Bent.	12,8	7	10:35 N
Ì	3. SEX		4 RACE	0	5. DATE C			AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
l		Female	White	2	MOR	17	76	71	YRS.	AUNINS UATS	HOURS MIN.
A		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MAPDIE	D NEVER MARRI	ED [BALTIMORE CITY C	-	OF DEATH	
1		New Jersey	U.S	S.A.	WIDOWE			Baltimor	e (oun	0	WE
1	R	andalls town	Baltu	HOSPITAL, NURSING	y Ges	reral Hosp	0N	TO USUAL OCCUPAT	ION XF WORKING LIFE	12b. KIND C INDUSTRY	of Business OR
0	OSUA 13a S	LESIDENCE (IF NURSING HOME OF TATE 136 COUL	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE A 13 CITY, OR TOWN		13d. INSIDE CITY LIA YES 🏋 NO		3. STREET ADDRESS.	ZIP CODE	Rm303	21212
	14 FA	THER'S NAME FIRST	MIDDLE	Barron		15. MOTHER'S MAIL France		WIDDIE		ţAS	15
1	16a W	AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	0 1	ADDR		(
	The same of the sa	ES, NOOR UNKNOWN) (IF YES, GI		217-07-6	633	Jerome L)yba	39 Dunmore	Road		
		18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	(C1.1	6	•	1		BETWEEN	ONSET AND DEATH
ı		PART 1. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a)	Intesti	70	goro	yre.	70-			
1			DUE TO, O	R AS A CONSEQUEN	ICE OF						
1		Conditions, if any, which gave rise to immediate	(b)_								
ı		couse (a), stating the	DUE TO, O	R AS A CONSEQUEN	ICE OF						
4		underlying cause last.	((c)_								
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO TI	HE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	0'
	AT 10	19a DATE OF OPERATION	10h COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED)	190g AUTOPSY?	T20b IF YES	, WERE FINDI	NGS USED
1	CERTIFICATION	3ept. 5,80		Lind ol			Juna.	YES NOX	IN CERTIF	YING CAUSES	
-	ERT	210. ACCIDENT WAS UNDERLYING				1.0	OCCURRE	D (ENTER NATURE OF INJE			МОЦ
7		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH DAY							
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION				COUNTY	STATE
1	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FAI	RM, ETC)	STREET		CITY OR TO)WN	COUNTY	SIAIC
		220.1 certify that (1) (this hasp	ital) attended 1	ne deceased from	مرد خ	1.5/ 19	87	, 10 Bepl.	12,		that (I) (we) las
		saw the deceased plive at abave, (1) (we) (did) (did no	B 27	• 12 19 S	7.0	nd that in (my) (our)	apinian de	eath accurred on the d	ate and have	r and from the	causes stated
		226. SIGNATURE	or view the body	oner deam.		DEGREE				22c. DATE	SIGNED
		Show	Con	horotal	Sand	M.O. PHYSI	DING CIAN [MEDICAL STA		9-	12-8
		224. PHYSICIAN'S NAME (TYPE			-	22e. ADDRESS		2 0		-0	- 0
		GHA33EM	roun	MOTAG	OE;	3 cole	to · (Co. Gan	K	show .) T
		URIAL, CREMATION, REMOVAL				EMETERY OR CREM.	ATORY	Tast LOCATION		COUNTY	STATE
		Durial	9-16	-87 50	int.	Starislau		Baltimo	ne (i	ty. Mo	1
		INERAL DIRECTOR	0.6	ADDREAS			250 DATE		256 REGIST	RATESIENA	IDK andres
	1	rarles S. Zeile	er & Son	Inc. 622	+ Eas	tern Ave.	3	EP 15 1981	0		

DHMH - 16 50M 4/83 (VRA 15, 4)

Surger of the first of the same of the sam

Mary less experience of the selection of

THE STATE OF THE S

THE REAL PROPERTY.

067771

deoth Page 4 may be

executed within 24 hours

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

filled in by the Uneral director, page 3 auld be filed within 72 hours after death

DEP

CERTIFICATE OF DEATH	3 /	REG.	-	1	1		
ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	7	2	5	1	3	4
STATE OF MARYLAND							

1	87. STATE REGISTRAR			FICATE OF DEATH	BIENE REG. No. 5	1 3 4
1	DECEASED NAME FIRST JOSEP	H DAVID		ANTER	SEPT. 30,198	7 PAY YEAR 21 HOUR 8:30 AM
3	MALE	4. RACE WHITE	DEC.	OF BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTHOAY) 92 YRS	MONTHS BATS HOURS MIN.
7	RUSSIA	76 CITIZEN OF WHAT C	MARRIE			
1	PIKESVILLE	JEWISH'CO	NVALESCENT	OR OTHER INSTITUTION HOME	COMMISSARY HEAT	DIFET WALTER REED HOS
	DSUAL RESIDENCE (IF NURSING HOME OF		LTIMÖRE	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 330 MG MECKENS	
1	DAVID FIRST	MIDDLE	TER	15. MOTHER'S MAIDEN NA RACHEL	MIDDLE	BERKOWITZ
1	60 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	-10-9085	MRS. BEATRIC	E MANCUSO 3809 (APT. 107 CLARKS LANE (2121: APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 AT LO PERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIB	UTING TO DEATH BUT			YES, WERE FINDINGS USED
	OFFICE	457 4-			YES NO X	YES NO NO
	OR CONTRACTOR CALLES OF DE	ATH HOUR A.M. M			RED (ENTER NATURE OF INJURY IN 17EM 1	8 PART 1 OR PART 2)
١	Use Either NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	URY FORY, OFFICE, FARM, ETC.}	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (the hosp saw the deceased alive or above, (1) (west and train in	9128	19 77 0	and that in (my) to) opinion	death occurred on the date and h	nour and from the couses stated
	22b. SIGNATURE	Sinst	11 ° en	DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF MEDICAL STAFF PHYSICIAN	9/30/87
	22d PHYSICIAN'S NAME TYPE	MSHM	=, N.P.	6210	IK Hts Ave	BATIMO-
L	230 BURIAL, ÉREMATION, REMOVAI (SPEGBÜRIAL	23b. DATE 10/2/87		CEMETERY OR CREMATORY ON TIFERETH I	SRAEL ROSEDALE	,BALTO, MD. STATE
	24 FUNERAL DIRECTOR SOL LE 6010 REISTERSTON	EVINSON & BE	ROS MD. (21	1215) 25a DA		A North P. Jak

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and or should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 stocks ony injury, or other troumotic event, the

the contract the man of the street

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 7201
4
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hinter death. Page 4 may be
retained by the haspitol or offending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in 15, the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban popers. Pages 1 and 2 should be filed within 72 hours ofter death
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

656	88	SEP I		FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7	REG. NO	5 !	5	6	
				CEASED NAME	FIRST	1	MIDDLE	L	AST .	2a DATE OF	DEATH MO	NTH DAY	YEAR	BUHOUR	
e e	30	deoth	(ITPE	OR PRINT)	JAME	\$	5	1.	Keeney		9	14	87	3:52 PM	
HOY	, od	D is	3 SE	x		RACE		5. DATE OF BIRTH					NDER I YEAR IF UNDER 24 HRS		
9e 4	Male To BIRTHPLACE (STATE OR FOREIGN					White		4 8 1924						DAYS HOURS MIN.	
9					FOREIGN 7		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMO	RE CITY OR C	OUNTY OF D	EATH		
People	nero	C 2 3		MD.		U.S.A.	•	WIDOWE		Balt	imore C	ounty		MD.	
ě	10 CITY OR TOWN OF DEATH						HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL	CCUPATION K FOR MOST OF WO	121		BUSINESS OR	
5 LX			R	andallstow	/n	Baltim	ore Count	v Gen	. Hosp.					igator	
10	- 5	e e	USU	AL RESIDENCE HE NU	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION!			ADDRESS / ZI		TIAC2	, i guinar	
24 Z	Elec	Place S		ld.	Baltin	nore	Owings N		YES NO NO		Reiste		Rd	21117	
YLA thin	ely	2 45 7		THER'S NAME				11113	15 MOTHER'S MAIDEN N.			J S COWI			
AAR W	npier	7 253/	1	Franklin		DOLE	Keeney		Bertha		MIDDLE		Norr	ic	
C ii.	CO	S 0	16e. V	VAS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS	1	NOT	13	
A S	ond	Poges	- (YES NO OR UNKNOWN)	Army	WAR OR DATES)	217-12-2	0033	Frances M.	Voonou	Camo	ac abo	140		
LTIA e be	000	he a	-				<u> </u>		Trances M.	reeney	Sallie	as abo	APPROXIM	ATE INTERVAL	
88 9	hysic	emoval.		PART I DEATH	VAS CAUSED	ranly one cause per line for (a), (b), and (c).) USED BY							BETWEEN ON	SET AND DEATH	
ST.	ص 9				IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF							-		
o f	- udi	nove corb ration, or r troumatic		500											
de de	offe	otio		Conditions, if an		(b)	Cirr	76515	of the hi	vn					
> +	t e	e e		couse (a), state	ing the	DUE TO, O	R AS A CONSEQU	ENCE OF							
of of	d by	leose iol, cr				(10)									
RDS, 2	PART 2 OTHER SIGN					ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITI	ON GIVEN IN	PART Tro		
ECO %	beer	prior ony i	CERTIFICATION	190 DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	OPSY? 20	Ib. IF YES, WER	E FINDING	SS USED	
F P	on.	S see	E							YES [NOD	YES 🗌	CAUSES	NO 🗌	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NO PHYSICIAN: The low requires that the death certificate be executed within 24	3.5		21g. ACCIDENT WAS U	CAUSE OF DEAT	П	M. MONTH D		21c HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)			
NO NS	guil S ce	Mentol-r r Hem	MEDICAL	11d INJURY OCCU		21e PLACE	M. OF INJURY	19	211 LOCATION						
IVISIO	otteno ter the	olth ond / morked o	WE		VHILE		REET FACTORY, OFFICE, I	ARM, ETC)	STREET		CITY OR TOWN	C	PINUO	STATE	
END S	tol or OR Af	S & S		22a. I certify that (_		, 19					at (I) (we) last	

sow the deceased alive on abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE

DEGREE M

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

221 DATE SIGNED

EDMUND KACTUR 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

9/17/87

231 NAME OF CEMETERY OR CREMATORY _akeView Memorial

AATORY 23d LOCATION CITY OR TOWN Sykesville Carroll 250. Date rec'd. By registrar 25b registrar's signature SEP 15 1987

Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21

Eline Funeral Home

24 FUNERAL DIRECTOR

Reisterstown, Md

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THE RESERVE OF THE PARTY OF THE

Frederick Road

MacNabb Funeral Home, Catonsville, MD

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

or other traumatic

MPORTANT: If Item 21 is marked or Item 18 shows

CERTIFICATION

MEDICAL

FOR STATE REGISTRAR DU ASED NAME TYPE OF PRINT

Femal To BIRTHPLACE (ST COUNTRY Maryland 10 CITY OR TOWN C Towson USUAL RESIDENCE

Maryland 4. FATHER'S NAME

160 WAS DECEASED

22d. PHYSICIA Clau 23a. BURIAL, CREMATION, REMOVAL

(SPEBER)

24. FUNERAL DIRECTOR

3. SEX

					E OF MARYLAND				
FOR - STATE REGISTRAR			DEPARTN		ICATE OF DEATH	IENE REG. NI	3 5	1 3 3	3
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ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a LISTIAL OCCUPATI	ON	12h KIND OF B	USINESS OR
Towson		Greater	Baltimon	re Mei	dical Center	(TYPEOF WORK FOR MOST C	*	Nursi	ng
JAL RESIDENCE (IF NURS STATE Maryland	13b COUN		13c. CITY OR TOW Baltimor	N	138, INSIDE CITY LIMITS?	13e.STREET ADDRESS 224 Gaywo	ZIP CODE	ad 21212	
ATHER'S NAME					15. MOTHER'S MAIDEN NA				
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21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ADAL ETC 1	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
WHILE NOT WE	HILE DRK	INT HOME STA	ECI, FACIORI, OFFICE, F	MAN EIC			1	10	
22a. I certify that (I	ed olive on		19	, 0	nd that in (my) (our) apinion	death occurred on the d	ote and hour		t (I) (we) lost ses stated
226 SIGNATURE	10	///			DEGREE			22c. DATE SIC	NED
	H	10			ATTENDING PHYSICIAN	MEDICAL STA		2730	181
22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e. ADDRESS				
Claudiu	s Kli	mt.M.D.			G.B.M.C.				

23c NAME OF CEMETERY OR CREMATORY

Parkwood

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Mitchell-Wiedefeld Home 6500 York Road 21212

9-30-87

23b. DATE

Parkville Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 3 0 1987 June Davidson Roman

23d LOCATION

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and co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN Mrs. I	Lorraine ARDRE	Bowen				
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DHMH - 16 60M 7/84	24. FI	NAME DIRECTORLO	ring	Byers I	Funeral Di	lrect	ors, Inc. 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNAT	URE		

8728 Liberty Road Randallstown, MD. 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

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230 BURIAL, CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

238 LOCATION CITY OR TOWN

YES [

COUNTY

22c DATE SIGNED

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IF UNDER 1 YEAR

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BP	Cr	BURIAL, CREMATION, REMOV (SPECIFY) 'emation	23b. DATE 9-28			w Crematory	Balto.		COUNTY	Md.

(VRA 15, 4)

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc., Towson, Md. 21204 28 1987 Julia Suiden Forder

SEP 28 1987

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DHMH - 16 60M 7/84 (VRA 15, 4)

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23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

WILLTAM E. JOHNSON 8521 LUCH RAVEN BLVD

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHY OR TOWN CHY OR TOWN GITY OR TOWN GOUNTY COUNTY OF MEMORIES CO., MD 250 PATE PECID. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 1 4 1987 Julia Tandon Pardees

	STATE OF	MAKYLAND	
DEPARTMENT	OF HEALT	TH AND MENT	AL HYGIENE

	REGISTRAR		IAIE	DICAL EX	AMILIAEK 2	CERTIFICA	ALE OF D	EAIN	AEG POL	A	Λ.
1	1. DECEASED NAM	E FIRST		MIDDLE	DE TO	LAST	0	Ze. DATE N	NAME OF STREET	file to	Th. HOUR.
١	[TYPE OR PRINT]	HELEN		C.		KOLL		DEATH N	MATED O	truck 20	1032
	3. SEX	4. RACE	S DATE OF BIRTH				UNDER 24 H	The second secon	/MON	H DAT	2d HOUR
	Female	White		1903 84	4 YRS.	THS DAYS	HOURS MIN	PROMOUNC	Lowber	220	87 3 8
-	To BIRTHPLACE (S	STATE OR	76 CITIZEN OF W		8 MARE	RIED NEVE	R MARRIED [1 BALTIMO	RE CITY OR CO	UNTY OF DEA	TH
5	Maryland		U.S.A.			_	DIVORCED	_	ltimore	County	MD
Ñ	10 CITY OR TOWN	OF DEATH		SPITAL, NURSING	G HOME, OR OTH	HER INSTITUTE	ON 12a	USUAL OCCUPA		ORK 126 KIND	OF BUSINESS
1	Towson			airmount		21204	Ex	cec. Secr			
-	USUAL RESIDENCE	(IF IN NURSING HOME O		136. CITY OR T		138 INSIDE CITY	11MITS2 13e	STREET ADDRESS	5		
	Maryland	Balti	more	Towson	n	YES 🗌	NO 🖾 9	83 Fairm	nount Av	e. 21	1204
V	14. FATHER'S NAM	E	MIDDLE	LAST		FIRS	S MAIDEN N	AME	DLE	LAST	
J	William	A		Carro			narine	F	d.	Heinke	emp
	(YES, NO. OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORMA			ADDRESS		
	No			212-30	-1635	Katha	rine M	1. MacCut	bin - s	ame as	#13e
1	18 CAUSE C	OF DEATH (Enter onl	ly ane couse per lin	10 (a), (b), and	1 (c) }	11	Ferr	-		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND/DEATH
1			TE CAUSE (a)	Rent	eec	HY	res y			Vice	don
1	Canditio	ons, if any, which	DUE TO, OI	R AS A CONSEQUE	UENCE OF					14	-711
1	gave r	ise to immediate	(b)	170	, (1)					10%	1-
	lying co) stating the <u>under-</u> use lost.	DUE TO, OF	R AS A CONSEQ	UENCE OF						
d	PART 2 OTNER S	IGNIFICANT CONDITIONS	(c)	BUT NOT BELATIO TO	O THE TERMINAL OICE A	I AR CANALTIAN C	MICH IN DARK S				
		Tomicani constituti	CONTRIBUTION TO GENT	SOL MOLKETHIER IS	THE TERMINAL GISEA:	SE OK COMOTTION D	ITEN IN PART 1:0				
2	19a. DATE OF	POPERATION	196. COND	ITION FOR WHIC	CH OPERATION V	VAS PERFORM	ED?			20 AUT	OPSY?
	DE L		- 150							YES	D NOVE
٦	21a. EXTERN.	AL CAUSE WAS	216. TIME C	F INJURY	21c H	OW INJURY O	CCURRED (ET	NTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C		
Ġ		G OR ING CAUSE OF D			19						
	UNDERLYING CONTRIBUTI 21d. INJURY			OF INJURY (AT		CATION	18.17	CITY OR TOWN		COUNTY	*****
	WHILE AT WORK	NOT WHILE]	.TORT, PARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
1	22n Leert	ify that I took charg	e of the remains de	scribed above h	eld an Autor	osy 🗍	Inspection &	Inquiry [, ond in m	y oninion	E TENNE
	death result		ol causes	Accident	. Suicide	Hamicid		ndetermined moni		y opinion	
		60				AT THE (SPE				-/	1
	ACTUAL SIGNATURE	Meadle	en HAN	1 Ases	elles	10/0B	ulin	MEDICAL EXAMIN	NER SK	TE GNED	2/87
7	EXAMINER'S	ALAAAE				1	7			1	///
	(TYPE OR PRI	INT)Char	les F. O			ADDRESS		York Rd.	, Towson	, Md.2	1204
	(SPECIFY)	TION, REMOVAL 2			E OF CEMETERY C			LOCATION CITY OR TOWN		COUNTY	Md.
	Burial	2700	9-25-87		Cathedr			Balto.	Tari projecto a	VC 610111	
	24. FUNERAL DIREC		ADDRES	s	ork Rd.		of the second	D. BY REGISTRAR	/ / /	COLDER -	1
	Kuck Tow	son Funer	al Home,	inc., To	wson, Mo	1. ZIZUH	CED ?	4 148/	Homes to		, -

TO MEDICAL EXAMINEE, THIS CERTIFICATE SHOUTGEBERGOUTED WITHIN 24 TACHES AND THE EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" BY BEINCH, IN HEM 18. GHVE PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINED ALONG WITH FORM TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURBAL. TRANSIT PERMIT. PAGES 1.4 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BÜRJAL, CREMATION, OR REMOVAL. 07/84 25M

> DHMH - 17 (VR A15 ME (5))

SEP 24 1987

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

P	17 HATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO	GIENE / REG. N	0.9	2 1	15
1	I. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	ı	AST	20. DATE OF DEATH	MG	GAY TEAR	2b. HOOR
1	NICHO	LAS		KOT	TKO	4 7 3	9	14 87	1:07 p
Ì	J. SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	F UNDER 24 HRS
1	Male	Whi	te	AUG		75	YRS.	MONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	-	9. BALTIMORE CITY		Y OF DEATH	
4	Poland	U.S	. A .	WIDOWE	DAN NEVER MARRIED	Balto.	Count	12	AAI
7	10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND	OF BUSINESS OF
	BALTIMORE	ST. A	CNES HOSE	ITAL		Repairman	OF WORKING LI	FE) INDUSTRY	
2	USUAL RESIDENCE (IF NURSING TOME OF 130 STATE	R OTHER INSTITUTION			13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	70.2	03.057	
7	14 FATHER'S NAME	1	Hanove	5	YES NO IN NO IN NA 15. MOTHER'S MAIDEN NA	7134 Ridge	na.	21078	
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE			AST
	George 160 WAS DECEASED EVER IN U.S. A	PARED ECDICES?	KOLTKO	PITYNO	Julie 17 INFORMANT	ADDR	FSS		
21		VE WAR OR DATES)	219-30-37		Emily Meyer	7136 Ridge		Hanove	2107
	18 CAUSE OF DEATH (Enter o	alu ana sausa na			THILLY LIGHT	1730 Trase	- lilla g.		XIMATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Corr		Failure				> WIN
	IMMEDIA					٨			
1	Canditions, if any, which	((6)	R AS A CONSEQU	SVV	non to	men		100	re thee
1	gave rise to immediate cause (a), stating the		R AS A CONSEQUE	NCFOF	1) 0		1.75%		
1	underlying cause last	(c)	Re		ent the	monia			
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	VEN IN PART I	10
	5 KOKUMN	tins	Brown		A				
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
	AT L				Tax	YES NO		ES 🗌	NO 🗆
				YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P	.м.	19				1 37.11	
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
1	AT WORK AT WORK			JAU		()	- 10	9.1	
	220 I certify that (I) (this hasp saw the deceased alive a	full on the	he deceased from_	11	nd that in (my) (our) apinian	death assurred on the d	ate and have	19 9 7	, that (I) (we) los
1	obave, (I) implicated inide		after death.		DEGREE	dedin decorred dir nie d	are and not		
	Slend West	en F	Krow		ATTENDING PHYSICIAN [MEDICAL STA		9/1	E SIGNED
	22d. PHYSICIANS NAME (THE	OR FRINT)			22e ADDRESS			1	1
	STEPHEN KNOX	. M.D.			900 S. CATO	N AVENUE, B	ALTO.	. MD. 2	21229
	23a BURIAL, CREMATION, REMOVA	236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
1	Burial	9/18/18	37 Mea	dowei	dra Man Donle		- Но		
	24 FUNERAL DIRECTOR		ADDRESS		dge Men. Park	TE REC'D. BY REGISTRAR	256. PEGIS	TRAP'S SIGNA	Tupadace
	Gary L. Kaufman	5695 M	lain St.	Elkri	the adaption for 1	1 1 0 1981	0	_	

2 4 1 4 5 TO: 1 76 AT 8 AT 1:07 mm STATE. λ Peterson Colors Con de de la constantista de la con la ment bushing - Surveyed Knowned THE PROPERTY OF ANTI-ALMEN F KNOW IN THE BOTH A STANGER gasts and later a first order to the And the state of t

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-B1	STATE , REGISTRAR		DEFARIA		ICATE OF DEATH	REG. N	0. 9	51	46
	DECEASED NAME FIRST		D		LAST	20. DATE OF DEATH	MORE	YEAR	7 HOS
L	Glady	2	R.	W. Committee	onski		9 29	87	1:52p M
3.	Female	4 RACE White		5. DATE (6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.
78	BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
1	Maryland	U.S.A.		WIDOWI		Baltimore	Count	У	MD
10	CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	edical Center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O ATTIST			OF BUSINESS OR
U 13	SUAL RESIDENCE (IF NURSING HOME OF STATE 135 COU) Baryland Balt	ROTHER INSTITUTION. NIY Cimore	GIVE RESIDENCE BEFORE 134. CITY OR TOW Timonium	ADMISSION)	13d INSIDE CITY LIMITS? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	13e STREET ADDRESS 245 Cold	/ ZIP CODE brook	Rd. 21	.093
70	FATHER'S NAME FIRST Charles	MIDDLE	Reeves		15. MOTHER'S MAIDEN NAME FIRST	E.		Mur	ray
16	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT			on, Va.	
N	lo	re trim on bares,	216-10-	2483	Mary A. Av	ers-11621 S	ourwoo		22091 IMATE INTERVAL ONSET AND DEATH
~	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	(c) CONDITIONS <u>C</u> (DEATH BUT	T NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b IF YES	EN IN PART 1: 5, WERE FINDIN	NGS USED
						YES NO		S 🔲 . 🐪	NO 🗌
		ATH HOUR A	FINJURY M. MONTH D. M.	AY YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR IC	IWN	COUNTY	STATE
	220 I certify that (I) (this hosp sow the deceased allowed above Allywe) (did) (did in				and that in my (our) opinion	death occurred on the o	ate and hou		
	Cally	bu)		7	MEDICAL STA	FF CIAN []	9-3	SIGNED 7
1	Robert E. Stor) .		22e ADDRESS 120 Sister	Pierre Dr.	212	204	
	Burial, cremation, remova Burial	10/6/8			CEMETERY OR CREMATORY 21 22 2	Timoniu		Ballto.	™Md.
24	FUNERAL DIRECTOR Rucke Towson Fur	neral Ho	me, IME.	105	21204 50 York Rd 00	E REC'D. BY REGISTRAF	25b REGIST	RAR'S SIGNA	TURE 2

16 60M 7/B4 - 4)

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Annual Control of the
And the second s

(SPECIF Burial

SEP

9.8	FOR STATE EGISTRAR				NENT OF HI CERTIFI	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	2 / REG. NO		1 4	7	
	CEASED NAME E OR PRINT)	Andra;		OROTUNOW	LA	AST	September	19, 19	987	11:25	p _M
3 SEX	^x Male		4. RACE Whi	ite	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER TYEAR	IF UNDER 24 H HOURS M	RS IN.
Ú	IRTHPLACE (STATE OR FO COUNTRY) UKRAINE		/ U.S./		MARRIED WIDOWEI	DIVORCED	Baltimore (County			MD.
В	Baltimore C	0./	Frank.	HEACILITY, GIVE STREET A	e Hos	prother institution spital	TYPE OF WORK FOR MOST OF Land Surve	WORKING LIFE		OF BUSINESS	OR .
13a S	al residènce (15 nurs) State MD	NG HOME OR C)THER INSTITUTION, [Y	Baltimor	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🗌	13. STREET ADDRESS / 4426 Parks	zip code ide Di	rive 21	206	
)	Steven			orotunow		UNKNOWN	MIDDLE		Unkñ	iown	
	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	071-26-7		Alexander Ko	rotunow 442			01.2120	
	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which nediote	DUE TO, OR	RAS A CONSEQUE Pneumoni	ence of a	ry Arrest - R	espiratory	Insuff	icienc	У	
CERTIFICATION	PART 2 OTHER SIGN				1394	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b. IF YES,	WERE FINDIN	NGS USED	
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR THE NOTIFY MEDIC 21d INJURY OCCURR	CAUSE OF DEAT CALEXAMINER) RED	P.A.	M. MONTH DA M.	19	21c HOW INJURY OCCURE 211 LOCATION STREET	RED {ENTER NATURE OF INJUR		(COUNTY	STATE	
(220. I certify that X sow theydecease above, (M (we) Id	Maria (dia Na)	when the body	e deceosed from 8		mber 17, 19 87 and that in (n) (our) opinion of the control of the control opinion of the control opinion of the control opinion of the control opinion opinio	, to September death occurred on the do	ote and hour	ond from the		_
13a F	Dr. Wiele	ebinsk	ki	123, 1	NAME OF C		in Square Di	r.	2	1237	_

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Lilliy & Zeiler, Inc. 1901 Eastern Ave. 21231

9/22/87

St. Andrew's Russian Cem. "Baltimore, MD" SEP 28 987

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DATE KNOWN "(TYPE OR PRINT) ESTI-KOZLOWSKI DEATH MATED 9-13-87 **ALEXANDER** J. 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2c DATE 2d HOUR DAY LAST BIRTHDAY) PRONOUNCED Male White 9-13-879 Sept. 1 1930 57 :20R TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Md. U.S.A. Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Perry Hall Clothing Distributor Randell Avenue Clothing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? | 13e. STREET ADDRESS | 1 Randell Ave. Md. 13c. CITY OR TOWN Baltimore Perry Hall 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Kozlowski Borowska Joseph Alexandra 8. GIVE PACE WITH FOR IT. PAGES 1 DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 214-22-0540 Evelyn Kozlowski (wife) same address Korean yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAS THE PROPERTY OF HEALTH AND MENIAL PREMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, DEBUTTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 216: TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10: 30AM 9-13-87 self/inflicted UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN Baltimore Co., Md. 1 Randell Avenue home (HEAD ONLY) Autopty X 22a. I certify that I too who use of Inspection and in my opinion Suicide X death resulted from Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9-14-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn STreet (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23h DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 9/17/87 Dulaney Valley Mem. Gardens Balto. Md. 07/84 250. DATA RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL HOME, INC. DHMH - 17 " bon Randall 9705 Belair Rd., Balto. Md. 21236 (VR A15 ME (5))

STATE	OF	MARYLAND
SIMIL	vi	MARILAND

67	41100	CT -2		FOR STATE REGISTRAR X	KC 21930	0000	DEI	PARTMENT	T OF HE	OF MARYLAND EALTH AND MENT CATE OF DEAT		Pin-	0 5	1 3	
		1		CEASED NAME	FIRST	02042	MIDDLE			51	1	REG. N	HTMOM	DAY YEAR	2b. HOUR
	noy be poge 3 er deoth	163	(TYPE	OR PRINT)	BILL		NMN		KRA	USS		SEPTEMBER	27	1987	3:25 PM
	4 moy lor, pog ofter d	ш	3. SE	X		4. RACE		5. 1	DATE O	F BIRTH		AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
25	ctor s of			MALE		WHIT	E		APRI	L 5, 1929	ear 9	58	YRS.	MONTHS DAYS	HOURS MIN.
	8 300	11	7a. Bi	IRTHPLACE (STATE	OR EOREIG	16. CITIZEN OF	WHAT COU	NTRY? 8.	ARRIED	NEVER MARR	ED 5	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	4 11/	6		ERMANY	1	U.S	.A.		DOWE			BALTIMORE	COUN	TY	MD.
57	11	23	E	ORT HOWAR	RD /	VA MED	ICAL C	ENTER	ESS)	R OTHER INSTITUTI	ON	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST MEAT CUTT	OF WORKING	12b. KIND O	F BUSINESS OR
ANDER	Alled to	35	13a S MA	AL RESIDENCE (# P STATE ARYLAND	HURSING HOME OR	1TY	13c. CITY OF			13d. INSIDE CITY LIA	X	3. STREET ADDRESS 120 HAILE			25
×	d 22 4	A 2	17	ATHER'S NAME FIRST		MIDDLE	LA:	ST		15. MOTHER'S MAI		E MIDDLE		LAS	
×	pan dus	1	_	VALTER	(50 lb 1 C A0		KRAU				oline	ADDR	500	=:	
ORE	P. P. B	17	1 1	VAS DECEASED EN	(IF YES, GIV	E WAR OR DATES)		L SECURITY		Florence	- F 1			as 13e	
TIN	e be		YI	ES	KORE			30 284		riotence	- 11. I	Lauss	Danie		AAA YE IN IZE BUAN
ST., BA	sertificating physical popularies	event, t		PART I. DEATE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CONGESTIVE CARDIOMYOPATHY 5 YEARS										MATE INTERVAL DISET AND DEATH
ON O	oth ce corb	поліс		15-27			R AS A CON								
W. PRESTON	e de otto	trou		gave rise to	Conditions, if ony, which gave rise to immediate (HYPERTENSIVE CARDIOVASCULAR DISEASE 20 YEARS										
	that the d by the ease read ol, cren	or other		couse (o), st underlying co			R AS A CON			NSION				YI	EARS
5, 2(uires signe en pl	ury, o	z								HE TERMIN	AL DISEASE OR CON	IDITION GI	IVEN IN PART 10	, ,
ORD	been si mit. The	×	TIO	CVA, HE	MIPLEGI	CHI	RONIC I			LURE WAS PERFORMED		20a AUTOPSY?	Tank IE VI	ES, WERE FINDIN	100.44055
AL REC	hos hos	SW S	CERTIFICATION				TON POR W	VAICA OPE	KATION			YES X NO	IN CERTI	IFYING CAUSES	
OF VIT	HYSICIAN: TI ding physicians certificate burial-transit			210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A	CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTI .M.	H DAY	YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJI	JRY IN ITEM 18	PART I OR PART 2)	
DIVISION OF VITAL RECORDS, 201	G PHYS offending offer this c		MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY REET, FACTORY, C	OFFICE, FARM, E		211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
۵	or or or see os	morked		22a.1 certify that	t this hospit	tol) ottended th	ne deceased	from .II	INE	22 19	87	SEPTEM	BER 2	79.87	that ((X) we) lost
1	TTEN pritol TOR for of H	21 is		sow the dec	eosed olive on	SEPTEM	BER 27	19_87	, one	d that in (75) (our)	opinion de	oth occurred on the c	lote and ho	ur and from the	couses stated
	OR A e hos DIREC	#e#		226. SIGNATURE		n -1	1/	0	D	EGREE				22¢ DATE	
		= = = = = = = = = = = = = = = = = = = =		ALLA	m	0,0	m.M	· A.		ATTEN PHYSI		MEDICAL STA		9-28-	-87
	HOSPITAL ned by th FUNERAL uld be den	RTA		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			17	22e ADDRESS	914				
	O HC etoing TO Fl shoult with t	MPORTANT		AURORA								ENTER, FOR	T HOW	ARD, MD	21052
				BURIAL, CREMATIC (SPECIFY) Crematic		236 DATE 9/29/	87			METERY OR CREMA		Catonsvi	110	Balto	Ma
	BP	-		UNERAL DIRECTOR		1167/	0/		3,10						
	DHMH - 16 60M			eorge J.		4001 Ri	tchie	Hgwy	Balt	to Md	OCT	REC'D BY REGISTRAL	Julia	Danger.	cidalle

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

98	TATE REGISTRAR			DEPA	CERTIF	ICATE OF DEATH	IENE /	REG. NO S	(5	
	CEASED NAME	FIRST		Patric	k KR	EPP, SR	2a. DATE OF D	EATH MONTH	DAY YEAR 4-87	26.HOUR 4 - 30 PM
3. SE	х	4	. RACE		5 DATE O		6. AGE (IN YEAR	RS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		Septe	mber 18,1912	74	YRS		HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNT	RY? 8	№ NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	iaryland		United	States			Bal	timore C	County	MD.
10. C	ITY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	12a. USUAL OC		12b. KIND O	F BUSINESS OR
I	owson	00	St. Jo	seph's	Hospita	ıl	Forema		Steel	L Manufac
13a. S	AL RESIDENCE (FINURS STATE TYLAND	136 COUNT Balt:	Y	13c. CITY OR 1 Dunda	OWN	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP COI	DE kway/ Du	21222 undalk,Md
14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	Edward	M	IDDLE	Kre	epp	Mary		MIDDLE	Gre	ely
	WAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRESS	Md.	21222
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-09-	-4118	Cecelia R. K	Krepp 24	Liberty	Parkway	// Dundal
NO	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN LANN	which nediate g the last.	DUE TO, O (b) DUE TO, O (c) DUDITIONS CO	r as a conse	EQUENCE OF	ARDIAL (NE E CARDIOVA NOT RELATED TO THE TERM	BCULA	R DISE		YEARS
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOP	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [
	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	n	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATU	RE OF INJURY IN ITEM I	8 PART I OR PART 2)	
MEDICAL	216 INJURY OCCURI	HILE		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) saw the decease abave, (1) (10) (0) 22b. SIGNATURE	ed alive on_ did) (did no t	9-4	ofter death.	19, or	nd that in the (our) apinion DEGREE ATTENDING PHYSICIAN [death occurred	on the date and h		SIGNED
1	22d. PHYSICIAN'S NA					22e ADDRESS			0	
	FRANCIS	T-KI				St-Josep		ospadal		
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	Sept. 8			emetery or crematory	23d LOCAT CITY OF Elkr		Howard	Maryland

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this ce should be detached for use as the buring with the State Dept, of Health and Men IMPORTANT: If them 21 is marked or ite

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Dundalk, Md. 21222

Sept.8,1987 Meadowridge Memorial Elkridge

Howard Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEPO 8 1987

TRO 8 1987

STATE OF MARYLAND

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. 00	3. SE	(4 RACE		5. DATE C		6 AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS
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19 42		LAND	USA		WIDOWE	_	BALTI	MORE COL	איויען	AAI
15	100	TY OR TOWN OF DEATH	11. NAME OF H		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCU	JPATION	126. KIND O	F BUSINESS OR
45	R	ANDALLSTOWN		I FACILITY, GIVE STREET		N HOSD	GROCE	NOST OF WORKING LIFE		ODS
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12		THER'S NAME		DIABIO		15. MOTHER'S MAIDEN NA		BIB DICE	Trans.	
189V)	ZALMAN	MIDDIE	KRIEGER		FIRST	HEL	DIE	KAUF	
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2/			E WAR OR DATES	100 SOCIAL SECO	KIII IVO.	17 INFORMANT MRS.			MD	21215
1		NO				4226 NADI	NE DR.	BALTO.,		21215
3/		18 CAUSE OF DEATH (Enter of	nly one couse per 1	ine for ioi, (b), on	dicui			once		MATE INTÉRVAI ONSÉT AND DEATH
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hen p ro bur ijury,	N	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OK	CONDITION GIV	EN IN PART 110	3
Spores ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIF	, WERE FINDIN YING CAUSES S	
Hy9	CER	210. ACCIDENT WAS UNDERLYING	110110 11	INJURY A. MONTH DA	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE C	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
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or He	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION			COUNTY	STATE
orked	¥	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY OFFICE F		STREET		ORTOWN	COUNTY	STATE
of Heal		220 1 certify that (1) (this hasp sow the deceased alite or above, (1) (we) (did) (did no	27.00	- 13, 19	\$7.0	nd that in (my) (our) opinion	deoth occurred on	-	r and from the	
Dept M Hen		22b. SIGNATURE	0			DEGREE ATTENDING PHYSICIAN (_ MEDICAL _	STAFF 2	22c. DATE	SIGNED
with the State IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	J ou	- Koren	March Land	122e ADDRESS	DIRECTOR P	HYSICIAN	7-	3-0
with the S		GRASSEM		MOTAC	306	Balt	· co. c	fan. 1	lossie	ap
₩ 3 ¥	23a	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	7		
		BURTAL.				ER VERETN	CITY OR TO	SEDALE	BALTO.	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

SOL LEVINSON & BROS., INC. 74 FUNERAL DIRECTOR SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTO., MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21215

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DIVISION OF VITAL RECORDS,	ID BE EXE PENDING: MEDICAL D AS A BU HEALTH AN CREMAT	z	THE EDINGS	ioni icani conditio	CONTRIBUTION TO DEATH	IOI NOI KELAI	IED IO INE IEIGMIN	AL DISEASE UK	CUMULTUN	GIVEN IN PART 1	0						
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	R: T TE, D, 2 D, 2	100	22a Loorti	fy that I took cha	rge of the remains desc	ribed abov	e held an	Autopsy	X	Inspection		Inquiry					
	EXAMINER: CERTIFICATION BE FOR I. DIRECTOR:								,					ond in my o	pinion		
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	TO FUNE PAGE 4 TO FUNE SALTIMO	1	EXAMINER'S (TYPE OR PRI	NT) M	argarita A.	. Kore	ell, M.	D. ADI	DRESS	111 Pe	enn S	St.		Balt	O.MD		
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR, AFTER DEATH, WITH THE BALTIMORE, MARYLAND	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c N	AME OF CEMI			RY 12	3d. LOCA	TION					
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06	5	9 4	frer death	SE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certifical invariant with 24 hours after death. Figure is may be (O) et and by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending pulpage in our companies to the time in by mertanear director. Page 3 should be detected for use as the build-transit permit. Then please remove corbon pages 1 and 2 handle before the director of the signed within 23 heart death.	hedical expression that he statished at social
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		1			STAT	E OF MARYLAND					
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5 FE	-	0 1	MALE	WHITE	DECE	MBER 10, 1895		91 YRS.			
4 62	1800		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.		9 BALTIMORE CITY OR COUNTY OF DEATH				
# SEC	11		POLAND	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	DATETMONE	COLDIER			
10	20		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			BALTIMORE 12a USUAL OCCUPAT			OF BUSINESS OR	
A 23	4/1	6		(IF NOT IN SUCH FACILITY, GIVE	E STREET ADORESS)		(TYPE OF WORK FOR MOST C		INDUSTRY	1 003114E33 OK	
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2 19	1		COLUMBIA	WASHIN	NGTON	YES NO	255 VAN BUI		EET. 1	V.W.	
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~	3		ES WWI		L 6077	CLINICAL RECO	ORDS, VAMC,	FORT H			
to the pu	1.		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) = PART I. DEATH WAS CAUSED BY:							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1 duo	1		IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA								
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Heor Heor	E n		Conditions, if any, which		HOURS						
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ed the	0		DARKA OTHER SIGNAFISH AND			CULAR ACCIDENT			YEARS		
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The house ho	Shows]					YESXX NO	YES		NO 🗌	
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orter the	ked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
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He Se			saw the deceased alive on			, 17	, 10	17		that (I) (we) last	
ATT Sspired d fo	m 2		above, (1) (we) (did) (did nat	view the body after death.		nd that in (my) (our) opinion o	death accurred on the di	ate and haur a			
OR P	<u>=</u>		22b. SIGNATURE	least -		DEGREE			22c. DATE	SIGNED	
Al Al Jeto	Ē.		(/etc	Juvan		ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN	9-1	0-87	
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FUN FUN hthe	O	100	PETER V. JUVA	N. M.D.		VA MEDICAL C	ENTER. FORT	HOWAR	D. MD		
TO Fi	<u>×</u>	22- 1	BURIAL, CREMATION, REMOVAL	123b. DATE	T 22. NIA445 05.5	EMETERY OR CREMATORY	173d LOCATION		-,		
agan	7	230	SPECIFY)				CITY OR TOWN	3 11	COUNTY	STATE	
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DHMH - 16 60M	7/84	24 FI	JNERAL DIRECTOR	AOA	ORESS.		REC'D. BY REGISTRAR	Page 18		URE	
(VRA 15, 4		W.	W. Chambers Co	., Inc. Silv	ver Spri	na. Md. SEP 1	1901 july	Dander	n-Kanda	m,	

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STATE OF MARYLAND

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	2	PEMALE	WHILE	MA	ECH 24.1917	-10-	YRS
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51/	1	NIZALLY	IF NOT IN SUCH FACILITY GIVE STREET	ADDRESS]	2.15	(TYPE OF WORK FOR MOST C	F WORKING HEE) INDUSTRY
V	1	HRIVE	2102 SOMA	77	408	HOUSEWI	IFE
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المق		TIVUEEN	M. SCHAUE		LUIII	D.	COLEIN
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*		18 CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and	tent			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e e		PART I. DEATH WAS CAUSED E		ULM	DADARY A	RREST	Smn
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o		The state of the s	DUE TO, OR AS A CONSEQUE	NCE OF			
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1		gave rise to immediate)				
her		couse (o), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
ō		underlying cause last.	((c)				
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=	CERTIFICATION	MANUMER	3 VISCHS				
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3	Ē					YES NOW	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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E	¥	OR CONTRIBUTING CAUSE OF DEATH	P.M.				
=	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED		19	211 LOCATION		
3"	Ä		210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM. ETC 1	STREET	CITY OR TO	WN COUNTY STATE
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\$		220.1 certify that (1) (this hospital		\$5.00	, 14	, 10	that (we) lost
2		saw the deceased alive on obove(1)(we) (did) (did not) v	view the hady after death	, or	d that in (my) (our) apinion d	leath accurred on the de	ate and hour and from the causes stated
E		22b. SIGNATURE		,	DEGREE		22¢ DATE SIGNED
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		Defound in	1 minny	1111		DIRECTOR PHYSIC	
Z I		224 PHYSICIAN'S NAME (TYPE OR PE	RINT)		22e ADDRESS		
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≥7	23a &	URIAL CR.	23b. DATE 23c N	IAME OF C	EMETERY OR CREMATORY	1236 LOCATION	7
	(SPECIFY) TO C	19.20-1042 1	MAX	and paid	CITY OR TOWN	COUNTY STATE
		BUKIHL	01-201101 6	UND	OIL PAKK	SALTO.	CITT MAKYCAND
	24. FI	UNERAL DIRECTOR		-	250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
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	1	1/4/11) I HAULI	110 11121111121	1-7			/ Ustan . Il coldom . Vac dans

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call should be detached for use as the buyial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

(VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

Buria

7110 Relair Road Baltimore, MD 21206

(SPECIFY)

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 1/81 (VRA 15, 4) FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2h HOUR KULOKAS 1987 September 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH 1886 Nov 6. 100 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County, WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR Dullaney-Towson Nursing Cntr TOME Maker INDUSTRY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Fuller ton 18 Belhaven Drive 21236 15. MOTHER'S MAIDEN NAME LAST 166 SOCIAL SECURITY NO. 17 INFORMANT Baltimore, Maryland 215-09-7639 John Kulokas 18 Belhaven Drive 21236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED JO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211. LOCATION COUNTY STATE 60 and that in (my) (aur) opinion death occurred an the date and hour and fram the couses stated DEGREE 22c. DATE SIGNED ATTENDING V MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN Sept 4, 1987 22e ADDRESS 7527 Belair Road Baltimore, MD 21236 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Sept 5, 87 Garden of Faith Cem Baltimore Co 25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DIPPEL FUNERAL HOMERS INC.

SEPO4

IN CERTIFYING CAUSES OF DEATH? YES [NO [(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (too) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED 9-29-8 DIRECTOR PHYSICIAN 22e ADDRESS T- KH00 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE BALTIMORE DCT.1, 187 BURIAL MORELAND MEM.PARK CO., 24 FUNERAL DIRECTOR LOCH RAVEN BLVD E. JOHNSON 8521

STATE OF MARYLAND

DAY

29-8

IF UNDER 1 YEAR

INDUSTRY Tool

BUSH

MD

26 HOUR

126 KIND OF BUSINESS OR

3=01 F

IF UNDER 24 HRS

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4 years

DHMH - 16 60M 7/84 (VRA 15, 4)

SEP 3 O 1987 of a principal of the princ

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE KNOWN AND PLEASE AND PLEASE AND PLEASE AND WITHIN 72 HOURS AND PRESTORY TREET, (TYPE OR PRINT) OF DEATH MATE Andrew Sr. F. Kupisch, 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS LAST BIRTHDAY) MONTHS 38 YRS Oct.16,1948 White 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Jo. BIRTHPLACE (STATE OF MARRIED & NEVER MARRIED FOREIGN COUNTRY! Baltimore County U.S.A. DIVORCED WIDOWED 2. AND 3 TO THE FUN 13. RETAIN PAGE 5 F 2 SHOULD BE FILED, W 1AL RECORDS 201 W. ID. CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Stone (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Plant operator Troyer Road White Hall Production USUAL RESIDENCE (IF IN NURSING! OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Road 13c. CITY OR TOWN 21047 Harford Fallston Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME IB. GIVE PAGES 1, WITH FORM PM. FIRST Margaret Louise Anderson Peter Michael Kupisch 17. INFORMANT MDDRESS 2626 Hess Road, Shirley A.Kupisch FAllston, Md. 2 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-48-9434 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E. WRITING THE WORD "
RWARDED TO THE CHIEF
IS PAGE 3 SHOULD BE USE
STATE DEPARTMENT OF 1
21201 PRIOR TO BURIA 8 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FAIN
TO FUNERAL DIRECTOR PAFER DEATH WITH THE STA 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Accident Undetermined manner Hamicide. MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Sept. 15, 1987 Wiseburg Cemetery White Hall, Balto. Co., Md. SEP 1 6 1987 24. FUNERAL DIRECTOR ADDRESS 24 Second Street **DHMH-17** J. Hartenstein Mortuary (VR A15 ME (5)) New Freedom, Pa. 17349 15M 2/80

Silke do a Fr

CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH 1. DECEASED NAME 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS I. RACE 3 SEX July 24. Female White 1901 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED MEVER MARRIED Maryland WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker LIGUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore 2510 E. Strathmore Avenue 21214 YES X NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDI Tomalski Peter Twardowicz Valerie ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 216-07-0528 Mr. Peter W. Kuzniarski same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? shows NO buriol-fronsit | Mentol Hygie 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) 71a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONJET DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 711 LOCATION 21e PLACE OF INJURY ō CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter dea 224 DATE SIGNED DEGREE 77b SIGNATURE STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 77e ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRINT shoul with 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 236. DATE (SPECIFY) 10/3/87 Burial Holy Rosary Cemetery Baltimore Maryland 74 FUNERAL DIRECTOR DHMH - 16 60M 7/84

Leonard J. Ruck, Inc. 5305 Harford Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

DOWN MEDICAL TO THE RESERVE AND THE STREET

8420 Oakleigh Rd. 21234 Croucher 9527 Powderhorn La. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED Sep 8, 1987 Burial Sep 10 1987 Parkwood Cemeterv Baltimore Maryland 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

8. M

20. DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

FIRST

- STATE

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	-	deo de		CEASED NAME FILLED FILL	IAM	F. LA.	MOR	EAUX, SR.	20. DATE OF DEATH SEP 7	MONTH D	1987	2b HOUR
	ge 4 mo)	Softer	3. SE	MALE	WHI	TE	5. DATE OF	N. OS, 1918	6. AGE JIN YEARS LAST BIRT	_		IF UNDER 24 HRS. HOURS MIN.
0	eoth Po	49	7a. B	IRTHPLACE ISTATE OR FOREN	GN 76 CITIZEN O	S. A.	8	NEVER MARRIED	BALTIMORE CITY O		OF DEATH	, MD.
10	s ofter d	00	10 0	OWSON	11. NAME OF	FHOSPITAL, NURSIN	IG HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF		126. KIND OF INDUSTRY	BUSINESS OR
AND 212	24 hour	135	13a 13a	AL RESIDENCE (IF NURSING HISTORY PARTY AND PAR	COUNTY CO	ISCLITY OR TOW		13d. INSIDE CITY LIMITS? YES NO D	13e STREET ADDRESS	ZIP CODE	BANK G	2120
MARYL	ed within	010	14. F	ATHER'S NAME EDWARD	WIDDLE	AMORE	aux	15. MOTHER'S MAIDEN NA ELIZAR	ME MIDDLE		Wood)
MORE,	e execute	Poges 1	160		YES, GIVE WAR OR DATES		228	17 INFORMANT	FAMILY 1	Esca Pesca	205	1,12
W. PR	that the death certificate by the offending obysics	remove carbo emotion, or re-		Canditions, if any, wh gave rise to immedi- couse (a), stating	CAUSED BY: MEDIATE CAUSE (a) DUE TO, wich ate (b)	13- 1-	ouln ence of wal	metastat	llagsse	ma	APPROXIM. BETWEEN ON	ATE INTERVAL ISET AND DEATH
RDS, 20	requires	The of	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVE	V IN PART 10	
AL RECORDS	he low	we he he	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	SS USED OF DEATH?
>	offending physic	s the buriof-transitions on Mental Hygin rked or Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL EITHER NOTIFY MEDICAL EITHER CAUSING	E OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	RED (ENTER WATURE OF INJUR		COUNTY	STATE
۵	hospitol or o	for use of Health		22e. I certify that (1) (this saw the deceased of above, (1) (we) (did);	live on 9/	11 19	87. one	that in (my) (our) opinion	, to death occurred on the do	ite and havi	87, th	at (I) (we) last
0	the the	T te et		22b. SIGNATURE	eely		D		MEDICAL STAF		22c. DATE SI	87
	foined by	hould be d		DR. ROPE		SIE		57 W. T.	movium	1 Ri),	
	T e F	- vi S ≤	270	BUDIAL EDEMATION DE	DATE TO A TE	122. 1	LAME OF CE	METERY OR CREAT ATORY	1224 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23b. DATE

CREMATORY 23d. LOCATION
CITY OR TOWN LYS VILLE BALLOCAL
COCKEYS REGISTRAR'S SIGNATURE

N SEP 15 1987

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OF THE
064815 SEP-8

72 hours after death

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

injury, or other traumotic event, the medical

MPORTANT: If them 21 is marked or them 18 shows ony

FOR

DECEASED NAME

REGISTRAR

FIRST

MIDDLE

STATI	E OF	MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8

REG. NO

MONTH

DAY

YEAR

2b. HOUR

20. DATE OF DEATH

1	(TYRE	JAMES	5.	LAH	GAN	SEP	T. 2,1987 1135	M
	3. SEX	M	RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY		HRS.
		RTHPLACE (STATE OR FOREIGN 76.	U.S.A	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO BALTIMOR	and the same of	MD.
ď.		TOWSON	. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ST. TOSA	E STREET ADDRESS)	OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR ELECTRICIAN		
	13a. S	Md BAL	13c. CITY OF		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 7451 FORRE	ST AVE. 2/23	4
		JOHN	.,,	STAIN	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
		VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES!	0-6861	H. Robert T. 2	ingan - 3116	Clearning R	19.
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED FINANCIATE OF	CAUSE (0) ATIT	EROSCI	Enote Curd	uivescul De	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	7 2
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	coron	noz Insuffe	reig.		
	TION	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTIN				ON GIVEN IN PART 110	
	CERTIFICATION	WE DATE OF OPERATION		VHICH OPERATIO	N WAS PERFORMED	YES NOW	CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)	
	WEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN I	EM T8, RART T OR RART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NO WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	E
		22a.1 certify that (II. Bis haspital) saw the deceased alive on above, (II) (we) (did) (did and) v	4-2	19 <u>67</u> , or		eath occurred an the date of	nd hour and from the couses stated	
		22b. SIGNATURE	C. He			MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 9-3-87	
		224 PHYSICIAN'S PAME (TYPE OR PR	C. Hyle			Isis La Bo	Mosissona	ب
	13	BURIAL	236. DATE SEPT. 5, 1987	NEW	CATHEDRIAL	23d LOCATION CITY OR TOWN BALTIMORE	COUNTY	1 30
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINED'S CEDTIFICATE	OF DEATH

REG. NO	25	110	4
C + LAWOIA	AA ONITH	Co. Charles	AP INL

			FOR		1	DEPARTMENT OF	HEALTH	AND MI	NTAL HY	GIENE				
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0	5990 si	DE	ASEL NAME	FIRST TTT	TTTANG	N. P. C.					KE			YEAR AD HOLE
	W-10 00200	(TYP	E OR PRINT)		LLIAM	GLENN	1.4	LAZ	AR		OF ESTI-			27
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	# D= 5 E	3. SE)		CE S.	DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD	AY) MONTH	DER 1 YR.	HOURS I	HRS PRO	DATE	MONI	H. DAY	YEAR 2d HOU
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	のるに 主切り /	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76	CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NE	ER MARRIED	9. B.	ALTIMORE C	ITY OR COL	JNTY OF DE	ATH #
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3	E-60627)	14. F/	ATHER'S NAME	M	AIDDLE	LAST	V (15. MOTHE	R'S MAIDEN	NAME	MIDDLE		LA	ST
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13.	E SUCER	16a V	VAS DECEASED EVER	(IF YES, GIVE WAR		166. SOCIAL SECURIT	Y NO.	17. INFORA	AANT		ADD	PRESS		
5	28品牌		28	Viet N		215-58-32	05	Wil	liam M	. Laz	ar - s	ame as	#13e	
19	COMPANY OF					for (a), (b), and (c).)	-						APPI	ROXIMATE INTERVAL
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Ö	発生の研究を	-	8190	PIMMEDIATE C	WOOL (O)	AS A CONSEQUENCE								
133	ZZ A PETON	/	Conditions, if	any, which	DUC 10, OK			- £	CCIDI	5 ATT			34	
E.	FERRER		gave rise to	immediate	(b)			- 1	IECIDI	101				
5	SAN AND		cause (a) statin lying cause last		DUE TO, OR	AS A CONSEQUENCE	OF							
*	5-2200			-	(c)									
8	MARKA SE	-	PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO OEATH	BUT NOT RELATED TO THE TERA	IINAL OISEASE	OR CONDITION	GIVEN IN PART	1 (a).			1-1-1-1	71. 189
00	本名の名を表 _	CERTIFICATION	11-45											
2	ST BE	3	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFOR	MED?				20 AU	TOPSY?
¥	5852295	E	100		A 125								YE	S NO NO
4	WE W	1 #	210. EXTERNAL CAL	JSE WAS	216. TIME OF		21c. HC	W INJURY	OCCURRED	ENTER NATUR	E OF INJURY IN IT	EM 18 PART 1 OF	R PART 2)	
×	OF COSE		UNDERLYING CONTRIBUTING			MONTH DAY YEAR	3							
50	E STAN	MEDICAL	714 INJURY OCCUR	RED		OF INJURY (AT HOME.	21f LOC	CATION						
Š	DE BERGE	星	WHILE NOT AT WORK	WHILE	STREET, FACT	ORY, FARM, ETC		TREET		СП	OR TOWN		COUNTY	STATE
-	HA A A A A		AT WORK AT V	VORK										
	報本の発光の		22a. I certify that	I taak charge a	f the remains des	cribed abave, held an	Autops	y .	Inspection	Z. In	quiry .	and in my	opinian	
	1000000000000000000000000000000000000	1	death resulted from	n: Natural o	couses [],	Accident Su	icide .	Hamic	ide .	Undetermit	ned manner			
٠.	NRY NRY			1600	MI	111		TITLE (S				2 12 12	1	1
89.	40201×		ACTUAL SIGNATURE	111	1.1/10	47	44	D. DEP		MEDICAL	EXAMINER	DA		11/27
54	SEABSE T	1	JIOITATURE	/		11	, M.				IN TO		OP	1, -,
	MAN NOW		EXAMINER'S NAME	TN	1. NIE	Hatet M.	A				513		UL.	
	PAGE PAGE	730 8	URIAL, CREMATION,	DEMOVAL 1921	DATE	23c. NAME OF CE		ADDRESS_		23d LOCAT		-		
	Attended to the state	C45	PECHY) Cemation		-14-87	Westvie				Bal	WN TO	C	COUNTY	Md.
7/84 5M	BP		UNERAL DIRECTOR	,							ISTRAR 256.	DECISTRAD	'S SICNIATIO	riu .
	DHMH - 17		NAME			1050 York			CED 4	6 100	man of .		S. Read	
	(VR A15 ME (5))	Ruc	k Towson	Funeral	Home, I	nc. Towson	Md.	21204	951	0 190	1 - Show	" Western	N. Cara	

Lremation

65179 SEP 10-87 ATE

DHMH - 16 60M 7/84 (VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Homemaker 800 Southerly Rd.,

MIDDLE

ADDRESS

1987

IF UNDER I YEAR

Amora

25 HOUR

IF UNDER 24 HRS

STATE

State

Towson, MD

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIT YES F

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in my (our) opinion death occurred on the date and hour and from the couses stated THE DATE SHONE

STAFF DIRECTOR | PHYSICIAN |

Green Mount

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2/2/2 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

1.7	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7	REG. NO	0 5	1 6	ó
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF	DEATH A	AONTH *	DAY YEAR	26 HOUR
(,,,,	CONTRINITY	RAYMON	ID			LEVY	SEPT	EMBER	10,	1987	8:30 ^A
3. SE	X	4	RACE		5. DATE C		& AGE INY	EARS LAST BIRTH		MONTHS BATS	IF UNDER 24 HRS
Н	MALE		CAUC	ASIAN	APR		59		YRS	, , , , , , , , , , , , , , , , , , ,	MIN.
	IRTHPLACE (STATE O COUNTRY) MARY LAN	1	U.S.	WHAT COUNTRY?	8 MARRIEI WIDOWE		9 BALTIMO	RECITY OF			MD
	BALTIM	ORE	9 TENT	HEACHLITY, GIVE STREET	ADDRESS)	(21208)	12a USUAL (TYPE OF WORL) SELF-E	K FOR MOST OF	WORKING LI	FE) INDUSTRY	COMPANY
130.	AL RESIDENCE (# NU STATE MARYLAND	136 COUNT		130. CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS? YES NO XX		ADDRESS /		000	
	ATHER'S NAME FIRST LOUIS		DDLE	LEVY	7 1	15. MOTHER'S MAIDEN NA. FIRST MINNIE	WE	WIDDIE		UNKNOWN	ī
	WAS DECEASED EVE (YES, NO OR UNKNOWN) YES		WAR OR DATES	215-24-1		MRS . RHONA	LEVY 9	ADDRES TENTM			
	PART I. DEATH		BY.	line for (a), (b), an	dicis	w Februll	Patron			BETWEEN	ONSET AND DEATH
	Conditions, if on gave rise to in cause (a), stat underlying cou	nmediate ting the	(b)	R AS A CONSEQUE	any	Heart (Desir	ne		25	Yrs
NO	PART 2 OTHER SIG	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR COND	ITION GIV	EN IN PART 10	D
CERTIFICATION	19a. DATE OF OPER	ATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	NO N	IN CERTIF	S, WERE FINDIN FYING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEAT	21b. TIME O HOUR A. P. 21e PLACE	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJUR	IN ITEM 18 F	PART (OR PART 2)	
ME	WHILE NOT V	WHILE [SET FACTORY OFFICE F	ARM, ETC.)	STREET		CITY OR TOW	/N	COUNTY	STATE
	22a.1 certify that (ol) ottended the	deceased from	7	26 19 8	, to	d on the da	le and hou		that (I) (we) last

22a.1 certify that (I) (this hospit saw the deceased alive an above (1) (we) told) (did not) view the body after death.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

MD

230 BURIAL, CREMATION, REMOVAL

DEMBO

MARYLAND

GENERAL HOSP.

BURIAL

226 SIGNATURE

r. page 3 fter death

medical

attending*physic

prior ta

and Mental Hygi

ō

236. DATE SEPT.13,1987 HAR ZION TIFERETH

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ROSEDALE BALTO

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

should be detach with the State De

MPORTANT

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO MD 21215

- whom yanaell

(VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been

->	Ľ	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH O REG. NO. 2 5 1 6 7
667 ESEP	(TYP	CEASED NAME ERST	A RACE S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF BIRTH MONTH DAY YEAR A AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS MONTHS
the funeral directly within 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SHOPE MARRIED SHOPE
nun 24 hours o should be filed should be filed	13a.	Balto AL RESIDENCE (IF NURSING HOME OR STATE ATHER'S NAME	OLD COURT Medicenter Taxi Driver
be executed with		N 1 Chael VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	AIDDIE Liberacci BeiLucille MIDDLE Panico
double that the dispersion St., BA	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	APPROXIMATE INTERVALLED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
AN. The low in hypercent from the host been transit permit in the host permit in the host only in the host o	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	
MIT If them 21 is marked on them	MEDICAL	INFEITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHIE NOT WHIE 1 22a.1 certify th (1) s hospi	P.M. 19 21e PLACE OF INJURY IAT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DECREE
TO HOSPITA TO FUNERA should be all with the South WATORTANT		BURIAL CREMATION, REMOVAL	236 DATE, 9/12/87 Holy Redeemer 23d LOCATION COUNTY MD:
DHMH - 16 60M 7/84 (VRA 15, 4)	5	NAME DIRECTOR	How 322 Hold SEP 17 1987 Julia Dender Consultation of the Beginner Signature

and the state of t

executed within 24 hours ofter

065371 SEP 14 87

STATE OF MARYLAND

	DIMIL OF I		
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	DTIELCAT	E OF DEATH	

REGISTRAR		CER	RIFICATE OF DEATH	REG.	NO. 0 0	1 1 0
1. DECEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH		IR MIOU
(TYPE OR PRINT) Samue		lin LILLE	Y	September		11:47 A&
3. SEX	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST		YEAR IF UNDER 24 HRS
Male	Whit		7 11 17	70	YRS	
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	RRIED X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	н
Maryland	U.S.		OWED DIVORCED	D = 7.1. 2	e County	MD
ESSEX	(IF NOT IN SUC	HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRESS IN Square St	ME OR OTHER INSTITUTION SI NOD 1 tal	(TYPE OF WORK FOR MOS	TOF WORKING LIFE) INDUS	nd OF BUSINESS OR TRY Ctory
				ITS? 136 STREET ADDRES	S / ZIP CODE	21207 pt. 2B
14 FATHER'S NAME	AT CAMOL C	Woodiawii	15 MOTHER'S MAIDE		III Flace A	PL. ZD
FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAST
William 160 WAS DECEASED EVER IN U.S	A PANED ECOPCES?	Lilley 166 SOCIAL SECURITY N	Nel		DEGG	nown
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)				2120	7
YES	Ww II	216-10-5865	Anna C. L	illey 3639 F		pt. 2B
18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	er only one couse per	line for (o), (b), and (c).	D		BETW	TEN CHOSEY AND DEATH
	DIATE CAUSE (0)	(con	ear Jan	m		year
	DUE TO, O	R AS A CONSEQUENCE	OF	0		. 0
Conditions, if any, which	h ((b)					
gove rise to immediate couse (a), stating the		R AS A CONSEQUENCE	25			
underlying couse loss		K AS A CONSECUENCE				
PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CO	NOTION GIVEN IN PAR	ZT Lin
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. COND	ITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIR	NDINGS USED
DE					IN CERTIFYING CAU	JSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING	G 21b. TIME C	F IN II IDV	1217 HOW IN HIPV O	CCURRED (ENTER NATURE OF IN		NO 🗌
	- 110110 1		EAR THE	CCORRED (ENTER NATURE OF IN	JURY IN HEM IB PART I OR PAR	1 2)
S (IF EITHER NOTIFY MEDICAL EXA			19			
(IF EITHER NOTIFY MEDICAL EXA-	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CHYON	TOWN COUNTY	Y STATE
WHILE NOT WHILE			1 / 8	0 0	11- 6) -
22a-1 certify the (1) this f	nospital) attended th	e deceased from	- 19	10	. 19	that (we) lost
sow the deceased alive	d nother the body	piter death	, and that is (my) Loor) of	pinion death accurred on the	date and hour and from	the couses stated
226. SIGNATURE	Te Me Ville Booky	oner deom.	DEGREE		220 5	ATTUSIONED.
M	2/100		ATTENDI	ING MEDICAL ST	AFF	7111
22d PHYSICIAN'S NAME (1	TYPE OR PRIOT		22e ADDRESS	IAN W DIRECTOR PHT	SICIAN L	100/
Marker 1 Dec		M D	5400 01d	Court road		
Michael Pea	arlman.	M.D.	OF CEMETERY OR CREMAT			
(SPECIFY)				CITY OR TOWN	COUNTY	STATE
Burial 24 FUNERAL DIRECTOR	9/9/8	/ Garri		Cem. Owings M		
		ADDRESS		O AND REGISTRA	ARIZED REGISTRAR'S SIG	NATURE
Hubbard Funera	1 Home, I	nc. 4107 Wil	kens Ave. S	EP 1 U 198/	were Devider	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO. THRE CHARLES BELICA 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 1.5EX MONTH APR. 3, 1926 FEMALE WHITE 9 BATTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE LITTLE DA FOREON 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND (TYPE OF WORK FOR MOST OF WORKING 144) PROPRIETOR IN DUNDALK 136 COUNTY 13e STREET ADDRESS / ZIP CODE 130 STATE MARYLAND BALTIMORE 6809 GREENSPRING AVE. 21209 YES [NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE BENJAMIN PARIS BETTY HURWITZ ESTATE OF RUBY BELICA LINDENBAUM MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 213-20-4986 36 S. CHARLES ST., 15TH FL BALTO, MD II CAUSE OF DEATH Enter only one couse perline for (a), (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause to stating the DUE TO, QR AS A CONSEQUENCE OF underlying cover last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 1% DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY. 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (# ETHER NOTE: MEDICALEXAMINER) 19 21f LOCATION TIA INJURY OCCURRED 21e PLACE OF NJERY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) ALMON D SECURE deceased fram 22a. I certify that (1) (they be saw the deceased alive an obave, (1) (we) did (did not) view the bady ofte death. and that in (my) (our) opinion death occurred on the date and have and from the couses stated 771 SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN hild be a hithe 5th ORTAN 224 PHYSICIAN'S NAME THE OF HIN Stella Maris

DHMH - 16 60M 7/B4

(VRA 15, 4)

(SPECIFY) BURIAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD.

23a BURIAL, CREMATION, REMOVAL 23b. DATE DCT.1,1987

Eddie Nakhuda, M.D.

23c NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH

23d LOCATION BALTIMORE

MARYLAND

MD 21204

21215

Dulaney Valley Rd. - Towson.

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

65891	SEP	FOR TATE EGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYC	8 / REG. NO.	2 5	1 / 0
e 4 may be the, page 3 other death		3. SEX Fem	ARAH ale 1. RACE	L. White	5. DATE O	-OBAS FBIRTH	20 DATE OF DEATH MO	MONTHS	PRIVEAR IF UNDER 24 HBS. DAYS HOURS MIN
er death. Pag	25	70. BIRTHPLACE (STATE OF COUNTRY)	FATH 11. NAME	OF WHAT COUNTRY? OF HOSPITAL, NURSIN I SUCH FACILITY, GIVE STREET.	WIDOWE	NEVER MARRIED	9. BALTIMORE SITY OR	ty Con	unty MD.
AND 21201 in 24 hours off bould by the	30	Maryland	RSING HOME OR OTHER INSTITUTE 13b COUNTY Baltimore	T. Sosti	ADMISSIONI N	13d. INSIDE CITY LIMITS? YES NO TO	Manicurist 13 STREET ADDRESS / Z 5 Acre Cour	ZIP CODE	eauty Salon
Second with	130	14 FATHER'S NAME FIRST ROY 160 WAS DECEASED EVE (YES NO OR UNKNOWN)	MIDDLE A R IN U.S. ARMED FORCE: (IF YES, GIVE WAR OR DATE:			IS. MOTHER'S MAIDEN NA Lavina 17 INFORMANT James Lobas	MIDDLE E. ADDRESS 5 Acre Cour		2123/1
RECORDS, 201 W, PRESTON ST. BALT Ine requires that the death certificate to the continues that the present physicia	any aluny, traumatic event, the	Canditions, if on gove rise to it cause (o), stoil underlying cou	y, which mediate ing the lost OUE TO (c) SNIFICANT CONDITIONS	OR AS A CONSEQUE	P G		t Carcera te to Char VINAL DISEASE OR CONDIT	TION GIVEN IN F	E FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL OSPITAL OR ATTENDING PHYSICIAN, The and by the baspital or otherding physician LINERAL DIRECTOR. After this certificate to the date that do vite or the bursh transit in the condition of Months and Months and Months.	ORTANT, if hem 21 is morked to hem [8 shop	OR CONTRIBUTING (IF EITHER NOTIFY ME 214 INJURY OCCU	CAUSE OF DEATH DICALEXAMINER) RRED 21e PLA (AT HOME OPER 1) (this, haspital) attended used glive an	10	ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 19 d that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN 226 ADDRESS	VES NO NO NOTION NO NO NOTION NO NOTION NO NOTION NO NOTION NO NOTION NO NOTION NO NO NOTION NO NO NOTION NO NOTION NO NOTION NO NOTION NO NOTION NO NOTION NO NO NOTION NO NOTION NO NO NOTION NO NO NOTION NO NO NOTION NO NO NO NOTION NO NO NOTION NO N	19 19 ond hour and fr	ounty STATE that (I) (we) lost
BP	M 7/84	230 BURIAL CREMATION (SPECIFY) Buris		/1987 G:	reen H	metery or Crematory Hill Cemetery Broad St. Pool	234 LOCATION City on Town Wayne shore E REC'D. By REGISTRAN IN		klin Penna

Penna.

ND 21201	24-fourthetter death. Page 4 may be	lifted in by the funeral director, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the death certificate be executed within	the attending physician and companies
DIVISION OF VITAL RECORDS, 201 W	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Haust after death. Page 4 may be of a retending physician.	OR. After this certificate has been signed by the attending physician and complete a time in by the funeral director page 3

106 SEP	ם פֿרס	FOR STATE REGISTRAR	DEPAI	RIMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		5 1 / 1
death death		EASED NAME PIRST	TER H.	Lock	20 DATE OF DEATH MONTH OF O	8 87 6 45A M
ector p	3. SEX	ale	Caucasian		6. AGE INYEARS LAST BIRTHDAY) A YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
35	M	RTHPLACE (STATE OR FOREIGN OUNTRY) Saryland	76. CITIZEN OF WHAT COUNTR	MARRIED WEVER MARR	ED 1 159/7, more (C	DUNTY MD
1142	1	1 OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	tospiTAZ	[TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY Supply Co.
35	13a S	MD 136 COI	130:7:00: 1	OWN 13d. INSIDE CITY LI	MITS? 136 STREET ADDRESS / ZIP CODE	KTH AVE 21207
030	I	THER'S NAME FIRST	A. Lock	15. MOTHER'S MAI	ta Irene	Williams
Popes //	()	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C Ces WW			Mrs. Doris Lockess North Ave. Woodlawn,	
signer of the control	N	PART I. DEATH WAS CAUSE IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF	ARKES 7 LER HE TERMINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EN IN PART Lig
rsit permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES IN CERTIF'	, WERE FINDINGS USED YING CAUSES OF DEATH?
After this certificate e os the burial-transit olth and Mental Hygis marked or them 8 sha	MEDICAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COME THE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF C	DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 211 LOCATION STREET	OCCURRED (ENTER NATURE OF INJURY IN ITEM TS P.	
no, de la defached for use			espital attended the deceosed from the second from the second sec	DEGREE ATTEN PHYS 22e ADDRESS	Dopinion death occurred on the date and house of the date and house of the date and house of the date	19
2818/	(URIAL, CREMATION, REMOVA	9/11/87		m. Park Sykesville	Carroll MD':
- 16 60M 7/84 RA 15, 4)	24 FU	JNERAL DIRECTOR Lorin 28 Liberty Roa	ng Byers Funeral ad Randallstown	Directors, Inc. , MD. 21133	250. DATE RECED BY REGISTRAPIUS PEGIN	PASS AND AND A CONDA

SEP 0 9 1987 ...

65	855 SEP	16	Film	G631 ite	em 6 9	9/21/87	r ja DEPART	STA MENT OF	TE OF A	ARYLAI	ND ENTAL H	YGIENE						
	0 0 0 01	-	REGISTRAR	Mad F	× / (Gbj. ME	DICAL	EXAMIN	IER'S C	ERTIF	CATEO	FUER	In	OG.	51	7	2_	To House
n	ASE SS. ET,	(TYI	PE OR PRINT)	MIC	CHELL		G.		L	OMBAR	DO .			ESTI-	9	13	19 87	Zb HOUR
14	PLEASE FECTOR. R FILES. HOURS	3 SE	male	* RACE White	MO	ATE OF BIRTH DAY 2t. 11,	1968	BAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER		C. DATE RONOUNC DEAD	ED	момтн 9	13	YEAR 19 87	3:07
	S S S S S S S S S S S S S S S S S S S	FC	RTHPLACE (S PREIGN COUNTRY) ryland	ATE OR		U.S.A.			_		EVER MARRI	ED PR	Baltimo Balti	_	_	TY OF D		
8	AND THE PARTY OF T	10. C	SSVIlle		11. 1	NAME OF HOS	PITAL, NU	IRSING HOMI STREET ADDRESS) Uare Ho	, OR OTH	ER INSTITU		120. USU	AL OCCUPA OST OF WORKH TK- HO	ATION (TYPE	OF WORK	12b KIN	INDUSTR	Y
21201	ANN DE AN	13a. S	RESIDENCE TATE Tyland	IF IN NURSING H		R INSTITUTION, GI	VE RESIDENCE				CITY LIMITS?		ET ADDRESS		*		21 20 6	
HE. MD.	TO TO TO		John	N.	MIDE	DLE	Lomba	rdo			er's MAIDE atheri	N NAME	MIDI			L	ast eger	
MITIMO	ATER SIVE PAGES 1 VISION O	No.	VAS DECEASEI ES, NO, OR UNKNO	EVER IN U.S	. ARMED F . GIVE WAR OF			-90-91		Mr.	John	N. L	ombard	ADDRESS				
ON ST.	M HOUR TEM ONG W PERMIT, 9 SIENE DI	7	PARTIDE	ATH WAS CA	er only one USED BY: DIATE CA	, ,	Mult	tiple i		ies						BETW	PROXIMATE I EEN ONSET .	NTERVAL AND DEATH
PREST	VITHIN 2 VOL IN 1 NER AL RANSIT (TAL HYC R REMO)		gove ris	s, if ony, w	diote /	(b)		NSEQUENCE										
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RECORDS	D BE EXECUTE ENDING: IN MEDICAL EX AS A BURBA CALTH AND W CREWATION	NOI			IIONS <u>CONTRI</u>	BUTING TO DEATH						tī 1 (a),					1.4	
	SHOULL ORD "P CHIEF " F USED URIAL,	CERTIFICATION	19a. DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?						JTOPSY?	но 🗆
DIVISION OF VITAL	FICATE THE WOULD BUILD B	AL CER	210. EXTERNA UNDERLYING CONTRIBUTION			Micole a.w.	MONTH	DAY YEAR 3- 1987	?		occurred							
DIVISIO	WINER. THIS CERTIFICATE SHOULD BE ENFICATE, WRITING THE WORD "PENDING THE CHIEF MEDICATE POWARDED TO THE CHIEF MEDICATE PAGE 3 SHOULD BE USED AS A HITE STATE DEPARTMENT OF HEALTH ARAND 21201 PRICK TO BURIAL, CREM	MEDICAL	21d INJURY C WHILE AT WORK	CCURRED		21e PLACE C STREET, FACT	ORY, FARM, E	(AT HOME.	21f LO	TATION	Hwy. 8		CITY OR TOWN		COL	univ Ltime	ore	STATE MD
	INNER: THE STAND, RESTAND, RES		220 I certif	//	horge of th	ne remains de	cribed plo	ove, held on	Autops		Inspection		Inquiry [], one	d in my op			110
	HCAL EXAMI ETHE CERTIFIC SHOULD BE ERAL DIREC EATH, WITH ORE, MARYD		ACTUAL SIGNATURE	001	1112	AT .	hu	Th	mi		istant				DATE	0	13 - 87	7
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEF BAUTMORE, MARYZAND, 21201 PR	-	EXAMINER'S	NAME DE	nnis	F. Smy	th	1.D.	-	ADDRESS_			St.,					
07/84	BP PAGE —	(5	JRIAL, CREMAT PECIFY) Burial		AL 23b. DA		23€. №	NAME OF CEA Garden	AETERY O	CREMATO	ORY	23d. LOC City Of			COUN	ITY	STA	yland
25M	DHMH - 17 (VR A15 ME (5))	24. FI	neral direc								250. DATE R	1 5	egistrar		STRAR'S S	IGNATU		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25173

3 SEX	OR PRINT) MI		MIDDLE	LAST		TO DATE OF DEATH MONTH DE	AY YEAR	26. HOUR	
		LDRED	LONE	SOME		September 9, 1	.987	1:00	
		4. RACE		ATE OF BIRTH	1.72	6 AGE (IN YEARS LAST BIRTHDAY)	FINDER I WEAR	IF UNDER 24 H	
	FEMALE	M BI.	ACK	MONTH PAY	YE 25	62	ONIHS DATS	MOURS W	
7n RIR	THPLACE (STATE OR FOREIG		WHAT COUNTRY? 8			9. BALTIMORE CITY OR COUNTY O	OF DEATH		
	OH /	U.S.	A M	ARRIED NEVER		Baltimore (County		
TO CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSING HO		VORCED	12a USUAL OCCUPATION	126 KIND OF	DUCINIECC	
	wson	Greater	HEACHITY, GIVE STREET ADDRES Baltimore	Medical Co	enter	TYPE OF WORK FOR MOST OF WORKING LIFE!	INDUSTRY N/A	BOSINESS	
USUAL Us ST	ATE MD	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE ADMIS 136 CITY OB JOWN BALTO.	134 INSIDE C	NO 🗌	13. STREET ADDRESS & ZIP CODE	PWY 2	1212	
FAT	LUCIUS	WIDDLE	CAR'ROLL S		ERST	WIDDLE	CARI	ROLL	
	AS DECEASED EVER IN U.		166 SOCIAL SECURITY	NO. 17 INFORMA	NT	ADDRESS			
(YE	NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	294-28-302	1 JUDIT	H LONES	OMF 407 E. NORTHE	ERN PWY	APT	
	18 CAUSE OF DEATH (En	ter only one couse per						ATE INTERVAL	
	PART I. DEATH WAS C	AUSED BY. EDIATE CAUSE (a)	Cardiopulm	onary arre	est				
CERTIFICATION	Chronic of Operation		e pulmonary		RMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
E -	21g ACCIDENT WAS UNDERLYIF	NG 21b, TIME C	NE INTITION	Tale HOW IN	HIRV OCCUPE	YES X NO YES		NO 🗌	
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DAY '	YEAR 19	JONI OCCORP	CED (ENTER NATURE OF INJURY IN THEM 18 PAI	RT T OR PART 27		
<u> </u>	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, E	TC) 21f LOCATIO	N	CITY OR TOWN	COUNTY	STATI	
				9/7	87	9/9	. 87		
I -	22a I certify that (I) (this	death occurred on the date and hour	9	nat (I) (we)					
I -	saw the deceased all above, (I) (www.(did) (did)	ve on did not) view the bady	9/9 19 87				ond from the ci	00303 310100	
	226. SIGNATURE	d Mill		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR □ PHYSICIAN 🔀	22c. DATE S		
	obove, (1) (pe) (did) (c ??b. SIGNATURE ??d PHYSICIAN'S NAME	d Mill	ofter death.	DEGREE	ATTENDING PHYSICIAN S	MEDICAL STAFF] DIRECTOR ☐ PHYSICIAN 🔀		IGNED	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the atten-should be detached for use as the burial-transit permit. Then please remave co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

(VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical

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	IC	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7 REG. NO.	5 1 / 6
I		CASED NAME FIRST	MID	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Į			cent C.	LUC	19	September 14	
l	3. SE)	Male	White		OF BIRTH 18° 1925	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	7a. BII	RIHPLACE (STATE OR FOREIGN EQUINITY) Baltimore, Md.	76 CITIZEN OF WE	HAT COUNTRY? 8 MARR	VED DIVORCED	Baltimore Co	
		ossville 21237		SPITAL, NURSING HOME		12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR
	USU/ 130 S	AL RESIDENCE (IF NURSING HOME COL STATE aryland 13b COL		VE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP C 23 Vincent	Ave. 21221
	14 FA	THER'S NAME Charles W.	"Thcas	LAST	15. MOTHER'S MAIDEN N. Lentre	Lowe MIDDLE	1AST
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	SOCIAL SECURITY NO. 220 14 0421	Vincent C. I	Lucas, Son Balt	andmark Court o., Md. 21221
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A DUE TO, OR A DUE TO, OR A CONDITIONS CON Ont diabet	es mellutis	OT NOT RELATED TO THE TER. Chronic obst	20a AUTOPSY? 20b.	N GIVEN IN PART I O ATY disease, and IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{YES} \)
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	216 TIME OF I	MONTH DAY YEA	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	T. FACTORY OFFICE, FARM ETC)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		270 I certify that of this has sow the decised always obove. If the idday of the sound of the so	My	deceosed from Sept ur 14 19 87ept iter death.	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	to September n death occurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN [
	23a E	Kon Cury BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY Hill Memoria	23d LOCATION	o. Co., Md. State
1	1	uzdzinski rune	ral Hone	rich	25a DA	TE REC'D. BY REGISTRAR 256. RI	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DESTASED NAME 20. DATE KNOWN ESTI-J. Anthony Lucero DEATH MATER 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH DATE LAST BIRTHDAY) MONTHS DAYS 21 Male Cauc. July 22. 66 YRS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore Co WIDOWED [New Mexico USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Sparks 1b Windmill Chase Historian National USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Sparks 1B Windmill Baltimore YES MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Martinez Ester David Lucero 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 525-24-5369 Mary A. Lucero 1B Windmill Chase YES WWII Aus CAUSE OF DEATH (Enter only one cause portine for (a), (b), and (c) PART I DEATH WAS CAUSED BY: ENTAL HYGIEN OR REMOVAL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [DEPARTMENT 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREE1 CITY OR TOWN COUNTY WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Undetermined manner 7501 York Rd EXAMINER'S NAME Charles O'Donnell (TYPE OR PRINT) Towson. MD 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Sept 23.8 Quantico Nat'l Burial Cem Ouantico VA BP_ 24. FUNERAL DIRECTOR **DHMH-17** Ives-Pearson F.H. Falls Church VA (VR A15 ME (5) 15M 2/80

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TTENDING PHYSICIAN. The law requirement death certificate be executed within 24 hour offer dealings to 4 may be placed or attending physician.	100. After this certificate has been drift confidence of the property of the last of th
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358 SEP	22	FOR STATE GISTRAR		PEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO	1 / 8
y be death	LYSPE	Elizabeth	MIDDIE	Lynch	TAST	9/18/87	DAY YEAR 26. HOUR 10 30 PM
ge 4 mo ector p	3. SE	Female	White	5. DATE	OF BIRTH TH DAY YEAR 18 1899	6 AGE (IN YEARS LAST BIRTHDAY)	
1 能 35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRI WIDOW	ED NEVER MARRIED	Battimore city or cour	County MD.
198	10. C	TOWSON	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C	, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	GLIFE) 126 KIND OF SUSINESS OR
Shipfilled in the Company of the Com	13a. S	AL RESIDENCE (IF NURSING HOME) TATE ISTATE IATUAN IATUAN BA ITHER'S NAME FIRST	UNTY 13c. CITY	NCE BEFORE ADMISSION OR TOWN LAST	134 INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NA	130 STREET ADDRESS / ZIP CO	Home DDE 21023
to executed on and corple of the corp		Michael VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES. C) NO	GIVE WAR OR DATES)	h IAL SECURITY NO. -36-8813	Ella I7 INFORMANT Mr. Aloysius	1. Kell ADDRESS 8 Lynch - 4130	
and the place of the control of the	NO	Canditians, if any, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CO	DNSEQUENCE OF	Infarc.	ainal disease or condition	GIVEN IN PART 110
he low in the low in t	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATION	ON WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
G #HYSKLAN, 1 intending physics or this certificate the buriel-fromit and Mental Hygi ked or tem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D THE SITHER NOTHY MEDICAL EXAMIN 214 INJURY OCCURRED	DEATH HOUR A.M. MOR	19	216. HOW INJURY OCCUR 216 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2) COUNTY STATE
RECTOR At her per of the control of		22e.I certify that (I) (this has sow the decessed alive a above, (I) (we) (did) (did. 27E. SIGNATURE	10-11-0	10 87	ond that in (my) (our) opinion DEGREE	deoth occurred on the dote and	
O HOSPITAL O Remed by the O FUNERAL D hould be detect of the State D WPORTANT. III		22d. PHYSICIAN'S NAME (TYP)	Nakhu da		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/87
BP		BURIAL, CREMATION, REMOVA			ohns Long Gre	23d LOCATION CITY OR TOWN Baldwin	Balto Md.
AH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR RUEK Towson Full	neral Home ,	Inc. 105	0 York Rd. St	TE REC D BY REGISTRAR 256 MEC P 2 1 1987	BISTRATS SIGNATURA CAR

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Le Disposituations, Te. L. Contractor

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

/		CEASED NAME	FIRST Mai	CY	MIDDLE Ellen		AST Lynch		DATE OF D	EATH MC	NIH D	AY YEAR	26 HOUR	
		NI	ARY	-	YNCH	1				9	3/13	187	9.1	M
	3. SEX	-		ACE	11	5. DATE (- 1	6 AGE (IN YEAR	S LAST BIRTHD	-	UNDER 1 YEAR	IF UNDER 24 HE	25
1	1	FEMALE		a	phile	NON I	27 0	S S	84:	3	YRS	DATS DATS	HOURS MI	Ν.
		RTHPLACE (STATE OR F	OREIGN 76 C	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARK	HED 🔽	9 BALTIMORE			OF DEATH		
1	-	yland			SA	WIDOWE	D DIVOR	ED 🗌	A.	Baltin	ore			MD.
-		TY OR TOWN OF DEA			HOSPITAL, NURSIN			IONI Company	120 USUAL OC				F BUSINESS	OR
2	64	Charlet E M		15000	DA STREET	700	POTON	1	Seamst				factur	in
ľ	13a S	AL RESIDENCE (IF NURSI	ING HOME OR OTHE	ER INSTITUTION	136. CITY OR TOW		134 INSIDE CITY L	MITS?	13e STREET AD	DRESS / Z	IP CODE			
2	_	ryland	Harfor	d	Forest Hi	.11	YES NO	x	1625 De	enise	Driv	re 2	1050	
9	FA	William	MIDD	ιε	LAST		15 MOTHER'S MA			MIDDLE		ŁAS'		
Ċ	/			_	Lynch		Amano	a	-	-		Schir		
2		VAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SECU	JRITY NO.	17 INFORMANT			Fore	est E	ill,Md	. 2105	0
~	1	no			215-05-6	634	Ms.Marle	ne Iv	mch, 16	525 D	enise	Drive		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only of	ne cause pe	r line for (o), (b), on	d (C)	101	5 ,	Pa		1.	BETWEEN	MATE INTERVAL DISET AND DEAT	н
			IMMEDIATE C			- 4	Speral	un.	- 04%	20101	040	why		_
	CT.			DUE TO, C	R AS A CONSEQUE	ENCE OF					gara	-3/		
		Conditions, if any, gave rise to imm		(b)										
d		couse (o), stoting	g the	DUE TO, O	R AS A CONSEQUE	ENCE OF	ASCUD,	1						
ì		underlying couse	lost.	(c)		-	45000							
	z	PART 2 OTHER SIGN	IIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	- 1			RCONDIT	ION GIVE	N IN PART 110		
_	CERTIFICATION	19g. DATE OF OPERAT	ION	10h COND	TION FOR WHICH	ODEDATIO		u En	280 AUTOPS	V2 12	DL IE VEC	WERE FINDIN	00011055	
ì	FIC.	174. DATE OF OPERAT	ION	170 COND	IIIOI4 FOR WHICH	OPERATIO	N WAS PERFORME	,		- 11	NCERTIFY	ING CAUSES	OF DEATH?	
	ERT	210. ACCIDENT WAS UND	ERLYING [7]	21b. TIME C	OF IN ILIRY		21c. HOW INJURY	OCCUPPE	-	10	YES		NO 🗌	_
		OR CONTRIBUTING	AUSE OF DEATH	HOUR A	M. MONTH DA	YEAR YEAR		OCCORRE	-D (ENIER NATUR	E OF INJURY IF	A LIEW IS PA	RT : UR FART 2)		
	MEDICAL	21d INJURY OCCURR			M.) 9-1	t- 197	211 1OCATION							_
	ME	MILE NOT WH	ILE 🗍		REET, FACTORY, OFFICE, F	ARM ETC)	STREET			ITY OR TOWN		COUNTY	STATE	
		22a I certify that (I)		attended th	ne deceased from	9/1	7	87	to	911	7/	087	that (h (we) le	_
Н		sow the decease	d alive on	9	117/198	7/ 01	nd that in (my) (our)	opinion de	eoth occurred o	on the dote	ond hour			351
Н		abave, (1) (we) (d 22b. SIGNATURE	id) (did not) vie	w the body	after death.		DEGREE					22c DATE		-
		ne	200		as As	0	ATTEN	DING	MEDICAL	STAFF		9/10	10	
	-	22d. PHYSICIAN'S NA	ME (TYPE OR PRIN	NT)	7/3	Con	22e ADDRESS	ICIAN D	DIRECTOR	PHYSICIA	иП	1//0	104	_
		100					163 168							
	23a. B	URIAL, CREMATION, I	REMOVAL TO	Bb. DATE	23. 1	NAME OF C	EMETERY OR CREM	ATORY	T23d LOCATIO	ON				=
T	ur	SPECIFY)					Episcopa		CITY OR	TOWN	2 11	larford	STATE Md	
L	-	INERAL DIRECTOR	Sep	t.21,	1987 31.6	corge	пртасора	The PATE		ISTRAR 256		AR'S SIGNAT		•
	I	Howard K.M	Comas	III,	Abingdon,	Md. 2	1009	SEL	2 1 1987	1 des		an milan		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL BYCIENE

KIN	CERTIFICATE OF DEATH	REG. NO	5	1	3		
	LAST	2a DATE OF DEATH "	HIMON	DAY	YEAR	2b. HOU	JR
	MacLeod	0:	9- 1	1-	87	3:	15
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IF UNDER 24 MR				
Ы	07-15-01	86	YRS	MONTHS	DAYS	HOURS	MIN
RY?	8	9. BALTIMORE CITY OR	COUNT	Y OF DE	ATH		

TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNT Baltimore U.S.A. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH

White

MIDDLE

Wendell

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Villa

(TYPE OF WORK FOR MOST OF WORKING LIFE) Nursing Cer ter Engineer

MIDDLE

INDUSTRY USF&G

USUAL RESIDENCE GIVE RESIDENCE BEFORE ADMISSIONS 13m STATE 136 COUNTY 13c. CITY OR TOWN Baltimore MD Lansdowne

MIDDLE

4. RACE

MacLeod

15 MOTHER'S MAIDEN NAME Wilhelmina

NO X

13d INSIDE CITY LIMITS?

Johnson

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES)

Frederick

- STATE

DECEASED NAME

14 FATHER'S NAME

Male

John

Catonsvill

(TYPE OR PRINT)

3. SEX

166 SOCIAL SECURITY NO. 215-07-8088

17 INFORMANT ADDRESS Janie M. Olver, 2614 Willow Avenue

3: STREET ADDRESS / ZIP CODE 2614 Willow Avenue, 21227

IL CAUSE OF DEATH Enter only one couse per line fol PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course (a) stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGN TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

IN DATE OF OPPRATION

146 CONDITION FOR WHICH OPERATION WAS PERFORMED

78e AUTOPSY7 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I' THE HOW INJURY OCCURRED: (INTER-NATURE OF MIGHT IN FIRM THE MART I OR PART 2)

The ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH EW ETHER, NOTEY MEDICAL EXAMINERS THE INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. (

HOUR AM MONTH DAY YEAR TIE PLACE OF INJURY

10 TH LOCATION BUTWO OR TOWN COUNTY

120 I certify that (i) this haspital attended the decepted from bow. (It is it ided and not) view the body after death 22h SIGNATURE

ATTENDING:

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that is (my) (our) opinion death occurred on the date and hour and from the course stated

NO IT

11470

324 PHYSICIAN SNAME

Dr. Gayogo

22* ADDRESS

5411 Old Frederick Road, Suite 8

23s BURIAL CREMATION, REMOVAL Burfial

73b. DATE 9/15/87 23L NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

73d LOCATION Baltimore

COUNTY Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

CERTIFICATION

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE ulia Dividson-Randallo

The

SEF 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	6n	
REG	NO.	

6	51	ì	SEP I
12	Fogn 4 may be	nector, page 3	
10	gher death. P.	the funeral d	35
RE, MARYLAND 21201	Me 24 hours	the filled in b	35
RE, MARI	sering and	Complete I	30

FOR

A7REGISTRAR

- STATE

offe TO FUNERAL DIRECTOR , chaold be detached for use with the State Dept. of Hea

PORTANT. BP. DHMH - 16 60M 7/84 (VRA 15, 4)

23b.	DATE	
	9/8/87	7

NOT WHILE

230 BURIAL, CREMATION, REMOVAL [SPECIFY] Burial

220.1 certify that ##(this haspital) attended the deceased from saw the deceased alive an 9/5 19.

saw the deceased alive an above, 40 (we) (did) (did not) view the bady after death.

23c. NAME OF CEMETERY OR Sacred Heart (

DEGREE

ATTENDING

PHYSICIAN [

87

24 FUNERAL DIRECTOR Walter Dabrowski 1005 Dundalk Avenue

22e ADDRESS	,		Telline No.	//	
VAMC	FORT	HOWARD,	MARYLAND	21052	
METERY OR C	Mary	Bal	timore	COUNTY	Mď
ue	25	PO D	GISTRAR 256. REGIS	TRAR'S SIGNATU	JRE COLL

STAFF

19 87

27/ DATE SIGNED

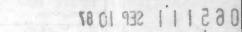
9/5

MEDICAL

and that in (my) (our) opinion death accurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN

	EASED NAME	FIRST	٨	NIDDLE	L	AST		2a. DATE C	DE DEATH	MONTH	DAY	YEAR	26. HOL	JR
		MELVIN		M	MAJCH	RZAK	1.7.	Sept	ember	5. 1	987		5:35	D M
. SEX	1	4	RACE			OF BIRTH			6. AGE (IN YEARS LAST BIRTHDAY)			ERTYEAR	IF UNDER	
	MALE	1000	WHI	TF	Sente			4	62	YRS	MONTHS	DAYS	HOURS	MIN.
a. BIR	THPLACE ISTA	TE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?		8	September 13, 1924		O RAITIAA	ORE CITY			EATH	1	
-	OUNTRY)			MARRIEDEN NEVER MARRIED					Baltimore County MD					
	aryland	DEATH 1	U.S.		WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION				OCCUPA			KINDO	F BUSIN	MD
W. CITT OR TOWN OF DEATH				FACILITY, GIVE STREET A		K OTHER I	NSTITUTION		RK FOR MOST				F BUSIN	ESS OR
Fort Howard				ical Cent				Machi	ne Op	erato	rW	ire	Prod	lucts
3UA		NURSING HOME OR C		GIVE RESIDENCE BEFORE		124 INSTD	E CITY LIMITS?	13e.STREET	ADDDECC	/ 7ID CO	DE			
	rvland	130	11/0	Baltimor		YES T	NO K		Goug			212	224	
	THER'S NAME		2 2 2 2 2	Dartinor			ER'S MAIDEN N		cour	II OCI	CCL	212	-27	
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4- 10/	Steven	VER IN U.S. ARM	ED FORCES	Majchrza		17 INFOR	Spende		ADDI	DECC				
	ES, NO OR UNKNOW		WAR OR DATES)											
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	18 CAUSE OF	EATH (Enter only	ane cause per	line far (a), (b), and	l reu			A				APPROX	MATE INTE	RVAL
	PART I. DEA	TH WAS CAUSED	BY:	CARDIO-RE	SPTRA	TORY	ARREST						1-1-1	
		IMMEDIATE				110111	111111111111111111111111111111111111111						-	
	Condition of			AS A CONSEQUE		TIME	MONT A							
	Conditions, if		(b)	SEPSIS PR	UNCHU	PNEUN	IUNIA							
	cause (a), underlying		DUE TO, OF	AS A CONSEQUE										
	onderlying (dose last.	((c)	END STAG	E MAL	IGNAN	T BRAIN	TUMOR						
	PART 2 OTHER	SIGNIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TER	MINAL DISEA	SE OR CO	NDITION C	IVEN IN	PART 10	0.	
o l														
CERTIFICATION	19e DATE OF OF	PERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PE	REORMED	20a AU1	OPSY?				VGS USE	
E							IN CERTIFYING CAUSES OF			OF DEAT				
ER	21a ACCIDENT WA	S UNDERLYING	21b. TIME O	FINILIRY		1217 HOW	/ IN ILIPY OCCUI					0.0401.31	140	
		CAUSE OF DEAT	THE PARTY OF THE P						INTORE OF INT	OKT II TIEM I	D PART TOR	r mni ej		
EDICAL		MEDICAL EXAMINER	P./		19				111					
8	21d. INJURY OC	CURRED	21e PLACE	OF INJURY		211 LOCA	ATION		CITY OF T	OWN		HINTY		STATE



) ioresc Burial 9/5/87 Sacred meart of hary baltimore

Di

walter Dabrowski 1005 Dundalk Avenue

DHMH - 16 60M 7/B4

(VRA 15, 4)

067508

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TEGISTRAR		CERTIFI	CATE OF DEATH	th reg. No	2511	22
I DE	CEASED NAME FIRST	ank)	MALIKOWS	KI S	eptember 29	MONTH DAY YEAR	7:45a
	X RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	S. DATE O MONTH OCT MARRIED WIDOWEI	26 1913	AGE (IN YEARS LAST BIRTH 7 / 9 BALTIMORE CITY OR Baltimor	YRS. PATH	
B OSU	ALTO AL RESIDENCE (IF NURSING HON	RE OR OTHER INSTITUTION GIV	SPITAL, NURSING HOME O ACIUTY, GMASTREET ADDRESSI		120 USUAL OCCUPATION OF WORK FOR MOST OF LONG S HORL	WORKING LIFE) INDUSTE	OF BUSINESS OR
	THER'S NAME	BALTO A	OSE PALE	13d INSIDE CITY LIMITS? YES NO NO NO NAME NAME NAME NAME NAME NAME NAME NAME		ZIB GODE	NE
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	s GIVE WAR OR DATES)	16095524	CATHERI 17. INFORMANT STELLA MAL Jarv Arrest	NE ADDRES	CA110	DANK DAMATÉ INTERVAL IN ONSET AND DEATH
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A (b) DUE TO, OR A (c) NT CONDITIONS CON	S A CONSEQUENCE OF Brain Stem Ce S A CONSEQUENCE OF	rebrovascular		ITION GIVEN IN PART	1(0
CERTIFICATION	19a DATE OF OPERATION		OMONAS PNEUMO		200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED LES OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER NOTIFY MEDICAL EXAM 210. INJURY OCCURRED WHILE NOTIFY IN ORK AL WORK AL WORK	F DEATH HOUR A.M. AINER) P.M. 21e PLACE OF	MONTH DAY YEAR	21c. HOW INJURY OCCURRE 21f LOCATION STREET	ED (ENTER NATURE OF INJURY		STATE
	220.1 certify that XI (this h sow the deceased alive abave, XI) (we) (did) (di) 22b. SIGNATURE	ospital) attended the disposed Septemb	er death.	ther 7 19 87 d that in (XY) (aur) opinion do	toSeptemb eath occurred an the dat MEDICAL STAFF	te and hour and fram t	TE SIGNED
	22d PHYSICIAN NAME IT	IUN	Stern	PHYSICIAN 22e ADDRESS 9000 Franklin	Square Dr.	AN SK 9-4	29-87
B	SURIAL, CREMATION, REMOVES SPECIFICATION JUNEAU DIRECTOR	10 - 2 -	87 HOLY	METERY OR CREMATORY OSAR Y 250. DATE	23d LOCATION CITY OR TOWN	BALTO Sh. REGISTRAD'S SIGN	MD
16	HNMWEBE	R+SONS 1	NC CAEST	ER ST UL	1 198/		Randall

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DIVISION OF VITAL BECORDS 201 W PRESTON ST BALTIMORE MARK AND 21201	(É
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1	1	ITAL OR ATTENDING PHYSICIAN: The line requires the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be
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7 2 2 5 SEP 30 8	71 -	STATE 9/34	1/87	12777	DEPAR		CATE OF DEAT		NE			4
- /) DE	REGISTRAR	FIRST		WIDDLE		ST ST	53	REG.	N2 5	0	Tay of the
		CEASED NAME OR PRINT)	DAVI	D	C.		RTENEY		. DATE OF DEATH	9	15 87	76. HOUR
moy be poge 3	3 SE2	,		RACE	C.	5. DATE O		- 14	AGE (IN YEARS LAST		I IF UNDER LYEA	
ge 4 m ector, p	M			W		MONTH		15	72	YRS.	MONTHS DAY	
Poor Phoe		RTHPLACE (STATE OR	FOREIGN 76.	CITIZENOF	WHAT COUNTRY	(? 8	□ NEVER MARRIE	ED 🗇 9.	BALTIMORE CITY	OR COUNT	TY OF DEATH	THE
in 72		W. VIRG		U.S	.A.	WIDOWE			BALTI	MORE	COUNTY	MD
he fu		TY OR TOWN OF DE	ATH 11		HOSPITAL, NURS		R OTHER INSTITUTION		O. USUAL OCCUP.			OF BUSINESS OR
by filled		LTIMORE		MERID	TAN MUI	TI ME	D. CENTI	ER N	MANUFACT	PHRER	WEST	INGHOUS
24 hou ould be must be	13a. S	AL RESIDENCE (IF NUR.	SINGHOME OF OTH	1 P	GARRE	oraline .	13d. INSIDE CITY LIM		SE STREET ADDRES		מט טפע	21084
rtely 2 sh	14. FA	THER'S NAME	MID	O.F.	LAST		15. MOTHER'S MAIL					
MAR mple)	ODUS MAF		DE	LAST		MARTI	HA CF	RITES			AST
BALTIMORE, cote be executivision and co		YAS DECEASED EVER (ES. NO OR UNKNOWN) YES	(IF YES, GIVE W		236-03		JUDITE 9725 Ha	H ROC	CKWELL -	- daud 2123	ghter	
ALTII te be sers. I		18 CAUSE OF DEAT	IH (Enter only (one coute ne	+		3123 He	11 101	u Nu.	7)	4	DAIMATE INTERVAL MONSET AND DEATH
; # 400 p		PART I. DEATH V	VAS CAUSED E	BY.	Phe	un	me	2. (MYCO	hart	in it	A CONSET RING VERTIN
or re			IMMEDIATE		R AS A CONSEC	LIENCE OF			Ü			
ESTC deotl ove of fion,		Canditions, if any		(b)_	W WO W COLLIE	OLIVEE OF				3711		
W. PRESTON ST the death cert the ottending p remove carbon remotion, or ren her troumotic ev		gove rise to im couse (a), stati	ng the '	DUE TO, O	R AS A CONSEG	UENCE OF						
201 V		underlying cous		(c)_								
	z	PART 2. OTHER SIG	NIFICANT CO	nditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CO	ONDITION G	IVEN IN PART	110
RECORDS	CERTIFICATION	19a, DATE OF OPERA	TION	TION COND	ITION FOR WHIC	HOPERATION	WAS PERFORMED		20a AUTOPSY?,	120h IF Y	ES, WERE FIND	INGSTISED
	IFIC	7.6. 57.12 67 67 21.							YES TI NOT	IN CERT	IFYING CAUSE	ES OF DEATH?
VITAI	ERT	210. ACCIDENT WAS UN	DERLYING	216. TIME C			21c. HOW INJURY	OCCURRED				
DFV		OR CONTRIBUTING			.M. MONTH	DAY YEAR						
ON ON HASIG	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION				COUNTY	
DIVISION OF VIT ALING PHYSICIAN: The other this certification of the buriol-front it had Mental Hybrid orked or frem 18 floor	W	WHILE NOT W	HILE D	(AT HOME ST	REET, FACTORY, OFFIC	E FARM, ETC)	STREET	1	CITY OF	RTOWN	COUNTY	STATE
Or or or see of the eolith		220.1 certify that (I		ottended th	ne deceased from	TUI	, 19	87	, to Septe.	- Com.	1000	, that (I) (we) last
TTEN Portol for u of H		saw the decease obove, (1) (we) (ed olive on	gew the hody	ofter death	<u>XO</u> , on	d that in (my) (our) o	opinion dec	oth occurred on the	dote and ha	our and from th	e causes stated
OR A OR A DIRECTOR A D	10	226. SIGNATURE	one Management		oner ocom.	[DEGREE				22c. DA1	TE SIGNED
The state of the s		11:11	1/		TAR	1 1	ATTENT	DING CIAN AT	MEDICAL S DIRECTOR PHY	SICIAN	9-	-23-87
ospiii od by oneR one St		22d. PHYSICIAN'S N	AME TYPE OF PE	10 .	U	-/	220 ADDRESS	,				2123
TO HOSPIT. TO FUNER, should be 4 with the Sta		A-SEV	1910	(X)	SJANE	50	5601	(0)	CH MX	VEN	MILL	1)-
		URIAL, CREMATION	, REMOVAL	236. DATE	23	. NAME OF C	METERY OR CREMA	ATORY	23d. LOCATION		COUNTY	STATE
BP	F	emoval		9-18	-87			AF		. alas: as = :		
DHMH - 16 50M 4/82	24. FI	INERAL DIRECTOR			ADDRESS			ZSO. DATE R	P 2 8 198		STRAR'S SIGN	
(VRA 15, 4)	S	tate Ana	tomy	Board	Ba	lto.,	Md.	JEI	40 190	1	1400	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detoched for use os the buriol-tronsit permit. I with the Stote Dept. of Heolth and Mental Hygiene prior TO HOSPITAL OR ATTENDING PHYSICIAN: The lo TO FUNERAL DIRECTOR: etoined by the hospitol

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEAT	H	REG. N	90 6	1 4	5
	ASED NAME	FIRST		E,	/	MARTIN		O DATE OF DEATH	17	1987	637 A.M
3. SEX	MACE		RACE WHI	TE	5. DATE C		AR 28	6 AGE (IN YEARS AST BI		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	HPLACE (STATE OR F UNTRY) Baltin			WHAT COUNTRY?	MARRIEI WIDOWE	DXX NEVER MARRIE		Baltimore city of Baltime	_		MD.
Randallstown		m	NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore County Gene				-	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			a1 #37
13a STA Ma	aryland	136 COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW Woodlav	N	13d. INSIDE CITY LIA YES NO [X	13e STREET ADDRESS 6820 Wind:		11 Road	21207
Wi	HER'S NAME		AIDDLE	Martin		15. MOTHER'S MAID	DEN NAA	MIDDLE		uers	
	AS DECEASED EVER 5, NO OR UNKNOWN) 25		WAR OR DATES	218-05-		Mrs. Myr	tell	e Martin		imore,	or Mill R MD. 2120
A									Sud	MATE INTERVAL ONSE AND DEATH	
	Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTR PART 2 OTHER SIGNIFICANT CONDITIONS CONTR 190 DATE OF OPERATION 19b. CONDITION 210. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY OF COURSED 10 TO THE PLACE OF INJURY OF COURSE 10 TO THE PLACE OF INJURY OF THE PLA			ontributing to a	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM Upper lobe Right than ON FOR WHICH OPERATION WAS PERFORMED			INAL DISEASE OR CON 200 AUTOPSY? YES D NOT	20b. IF YES	, WERE FINDIN	NGS USED
MEDICAL				FINJURY M. MONTH DA M. OFINJURY	19	21c HOW INJURY	OCCURR		JRY IN ITEM 18 P.		STATE
1	220. I certify that (1) (this haspital) attended the deceased from 199, 19, 10 sow the deceased alive an obave, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS										
(SF	JRIAL, CREMATION, PECIFY) Burial	REMOVAL	23b. DATE 9/21/	87 Lo	orrain	emetery or cremane Park Ce	ATORY	23d LOCATION	m Ba	1timor	e Maryla
24 FUN	NERAL DIRECTOR NAME LOTING 728 Liber	g Byen	s Funer	al Direct	tors,	Inc. 21133	SE		1 0 .	RAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed

retained by the haspital or attending physician.

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

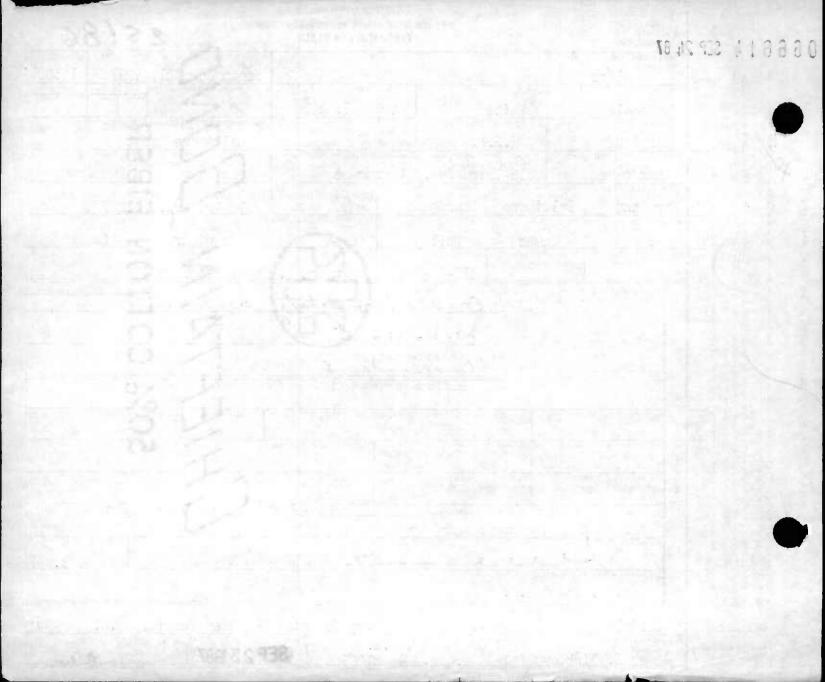
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CANTAL	Polit M	V/De D	The second second

SEP 31	RTEGISTRAR		CERTII	TORTE OF BEATTI	REG. NO.	201	00		
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH M	AONTH DAY	YEAR 26 HOUR D		
	Alice	Mae	Ma	ayo	September	21, 1987	7 10:00 M		
3.	SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH				
	Female	White	Marc	ch 21, 1938	49	YRS	DAYS HOURS MIN.		
70		76 CITIZEN OF WHAT COL	INTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	ATH		
	Maryland	U.S.A.	WIDOWE		Baltimore	e County	MD.		
710	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GT		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		KIND OF BUSINESS OR		
1	Lansdowne	312 Third A	ve., Lan:	sdowne	Homemaker	Ov	wn Home		
13	SUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COUN	ITY 13c. CITY C		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE			
_		imore Lans	downe	YES NO X	312 3rd A	ve., 2122	27		
7 14	FATHER'S NAME FIRST	MIDDLE	AST	15 MOTHER'S MAIDEN NAM	WE		LAST		
			11	Edna	Schrine		Outten		
16	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRES	S			
	No	213-	34-4346	Bernard E.	Mayo, same	as 13			
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a)	, (b), ond (c). 1			BE.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH		
		E CAUSE (o)	dio lu	spiralong	ane	N			
		DUE TO, OR AS A COL	NSEQUENCE OF	0					
	Conditions, if ony, which gove rise to immediate	(1b) Pa	tall	ahs					
10	couse (a), stating the underlying couse last.	DUE TO, OR AS A CO		1 ^		30			
		161	ncer	amp.					
1	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	ITION GIVEN IN PA	ART 110		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS I							
7 9	E I				IN CERTIFYING CAUSES OF DEATH?				
1	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR					
.0	OR CONTRIBUTING TO CAUSE OF DEA		TH DAY YEAR						
2	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION					
18	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TOWI	M COUI	NTY STATE		
	22a I certify that (I) (this hospit	tol) attended the deceased	from	19 8 5	10 9-2	-1- 19 8	1 that (1) (we) lost		
	sow the deceased alive on	No. 1 de la 1	19, or	nd that in (my) (our) opinion o	death occurred on the date	e and hour and fre	om the couses stated		
	obove, (1) (we) (did) (did no: 22b. SIGNATURE	t) view the body offer deoff		DEGREE		220	DATE SIGNED		
	Se	111		MO ATTENDING	MEDICAL STAFF	, AND	22 Sept. 87		
4	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	DIRECTOR THISICIA	117	22 Sept. 07		
	Dr. L. Seeni	M.D.		606 Hammond	ls lane				
23	30 BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial	25 Sept. 87	Glen H	aven Memorial	Pk Glen Bu	rnie, A.	A., "MD		
24	4 FUNERAL DIRECTOR	421 Crain			REC'D. BY REGISTRAR 25		IGNATURE		
	James S. Kirkley	Glen Burn	ie MD	21061	F231987	a Norda	P. Lee		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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166850 SEP 2		1911/9	OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	m	2 1 2 7
-	REGISTRAR	WIDDIE	TASI	REG. NO.	TH DAY YEAR 1h HOUR
	DECEASED NAME FIRST	A 04 0	Was .	0/22/0	TH DAY YEAR 26 HOUR
ay be	mony	RACE IS.D	ATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS
ofter p	SEX COMA P	Lihre	MONTH DAY YEAR	19	MONTHS DATS HOURS MIN.
direct ours	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	1/19/00	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
nerol on 72 h	COUNTRY)	M 0 211	ARRIED NEVER MARRIED DOWNED DIVORCED	Barto. Co	untu MD.
d with	O CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HO		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
	Towson / g	St. Jogeph H	ogpital	OFFICE W	ork instance
7 F PP 7	JOUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 13b. COUNTY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	CODE _2/2/3
AN 2 E	mD.	BALTO.	YES NO	2210 Pel+	IAM Ave.
Muthi d 2 s s	4. FATHER'S NAME FIRST MID	DDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	a - husba all
	Henry	McCoske		ADDRESS	CAMPBell
O S S S S S S S S S S S S S S S S S S S	60 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECURITY WAR OR DATES)			2206 Pelhan Ave.
MI S	No	215-0179	our cather	ine Craig	Jame
BALTIMORE,	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c). BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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201 W. PRESTON ST es that the death certi end by the attending it please retrace carbon unial, cremation, or ren i; or other traumatic es-		DUE TO, OR AS A CONSEQUENCE	OF		med to the same
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OR reen	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED		IF YES, WERE FINDINGS USED
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physician. Wher this certificate absent in as the burial-transit permit. The th and Mental Hygiene prior to orked ar Item 18 shows any in un	WHILE NOT WHILE D	(AT HOME, STREET FACTORY OFFICE, FARM, E	TC) STREET	CITY OR TOWN	COUNTY STATE
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TEN or u of H	sow the deceased alive an older (did) (did not)		, and that in (my) (aur) apinion	death accurred an the date of	and have and from the couses stated
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0 8 0 0 5	nan	M. LY.	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF	9/22/87
SPITAL J by th	224 PHYSICIAN'S NAME (TYPE OR P	PRINT	22e ADDRESS		
P FU	GPAcita	V. VATI	lieve. St.	Joseph H	tospiral
0 g 0 g y g	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAM	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial	9-25-87 No	w Cathedral	Balto.	Md.
DHMH - 16 60M 7/84	24 FUNEDAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 25h	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Hanny W Janki	ins & Sons Co.,	Balto Md. SE	D 2 4 1987	Twidson Randall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havins after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the Thermal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and the minimum has softer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the medical examine Pull or the contract of the contrac
	TO HOSPITAL OR ATTEN	TO FUNERAL DIRECTOR: should be detoched for us with the State Dept. of He	IMPORTANT: If Item 21 is

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ruck Towson Funeral Home, Inc.

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T e	- 0 > 2		SPECIFYI		A CONTRACTOR OF THE PARTY OF TH		EMETERY OR CREA		23d LOCATION CITY OF TOWN		COUN	ΙΥ		STATE
BP			Burial	9/15	/87 Ar	butus	Memoria		Arbutus				M	1D
DHMH -	16 60M 7/B4	24 FI	JNERAL DIRECTOR	-11 1	ADDRESS		11	SEP	REC'D. BY REGISTRAR	25b. REGIS	TRARS	SIGNAH	SEA SE	
(VRA	15, 4)		Wm. C. Morch	t. H west	4300 0	UNDA.	sh Hul	SEF	1 5 1987 1					

Item 16b Film G631 9-17-87 SB STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATEPER Funeral home REGISTRAR

065721

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH YEAR 26 HOUR 4. RACE 5. DATE OF BIRTH 6 AGE IF UNDER I YEAR MONTH YRS TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED COUNTRY) DOA. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY mar USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 130 STATE 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MICOLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 25 1 wal APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse lot, stoting underlying cause last 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 0 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF NO 71n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) = HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) le P.M 19 211. LOCATION 20 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.) STREET rked NOT WHILE AT WORK 6 27a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased olive an above, (I) (which did not) view the body after death and that in (my) (exc) apinion death occurred on the date and haur and from the causes stated 22b. SIGNATUR DECREE 22c. DATE SIGNED × ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

236. DATE

FUNERAL

I = 130

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NON MIDDLE 20 DATE OF DEATH 2b HOUR & AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WINEVER MARRIED WIDOWED DIVORCED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY B&O R.R. Retired 13e STREFT ADDRESS / 7IP CC 1136 INSIDE CITY LIMITS? BAlto. YES NO 6412 Rosemont Aven 15 MOTHER'S MANUEN NAME LAST MIDDLE LAST FIRST Unknown 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 705-09-1416 Jean 6001 Eurith Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

REGISTRAR 4 RACE 3. SEX 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY GIVE STREET ADDRESS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 4. FATHER'S NAME MIDDLE FIRST Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Yes W.W.II 18 CAUSE OF DEATH (Enter only one couse per line for 10) which and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the 22c DATE SIGNED DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS SELACH ROFALIO 230 BURIAL, CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION 23h DATE CITY OR TOWN 9 - 22 - 87PArkwood Cem.

(VRA 15. 4)

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IMPORTANT:

Burial

FOR

- STATE

BAlto.

Md.

24 FUNERAL DIRECTOR John C. Miller Inc. 6415 Belair Rd. 21206 1989 STRAB 25 D. REGISTRAN & STENATURE

- Fine 2.26 July 10 2 1 1 15

065 K82 SEP

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	SIENE 8 7 REG. N	25	1 5	1
DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE-OR PRINT) Mary		C	McWI	ILLIAMS	Sapt.	2,87		8140 M
3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
Female	Whi	te	Jan		82	YRS	UATS DATS	HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
Maryland	US	A	WIDOWE	_	Baltimore	County	7	MD
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND (OF BUSINESS OR
Randallstown				eneral Hosp.	Seamstres			D. Co.
	e or other institution DUNTY altimore	GIVE RESIDENCE BEFORE 136 CITY OR TOW Woodlawn	'N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 3704 ESSE			
14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LA	ST
James	MIDDEE	Harrisc	on	Alice	· · · · · · · · · · · · · · · · · · ·		Bigo	
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS	7 77.	
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	212-10-5	5051	Audrey E. Br	yson, 3609	Latham	Road	
	DUE TO, C	OR AS A CONSEQUE	ENCE OF	La J of	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1	10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	DITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSE	INGS USED S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFE EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	HOUR A	DF INJURYM. MONTH DM.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	URY IN ITEM 18 PART	I OR PART 2)	
WHILE NOT WHILE AT WORK		TREET FACTORY OFFICE, F		STREET	CITY OR TO	NWC	COUNTY	STATE
220.1 certify that (1) (this has a saw the deceased always above. (1) (well (did)) did (22b. SIGNATURE) 22d PHYSICIAN'S NAME (1) GUASSEM	e on don't) view the bod	y ofter death.	المحمد المحمد	DEGREE ATTENDING PHYSICIAN 272 ADDRESS	MEDICAL STA	AEF 🛶	22c DAT	that (I) (we) lost e causes stated E SIGNED 1 2 - 87
23a. BURIAL, CREMATION, REMO				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	<	OUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 9/15/87 Loudon Park Cemetery

Baltimore

Maryland

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. BY REGISTRAP 25 REGISTRAP'S SICOATURE

TV-21 V

SEP 14 TOWN AND ADDRESS OF THE PARTY OF THE

STATE OF MARYLAND

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

9-19-87

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d LOCATION

Baltimore City

Maryland

The state of the same of the s

The Color of the C

THE PARTY OF THE SECOND STREET,
The all the second was dealers of the SEP 22 BBC AS SEP 32 BBC

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonopers: Pages 1 and Juravild be that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is marked on them 18 shows any injury, or other traumatic event, the medical examines much beautiful.

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page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	STATE REGISTRAR	VSI ANII	CERTIF	ICATE OF DEATH	A REG. N	0	i 0	100
	ECEASED NAME FIRST	WIDDLE	l.	AST	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(179	REV. NOAL	+ =	ME	PRILL		09-2	6-87	12 PM
3. SE	X	1. RACE	S. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	M	B	MONTH	- 17 - 54	32	YRS.	ONIHS DAYS	HOURS MIN.
		Th. CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY		OF DEATH	
-	DELAWARE	USA	WIDOWE	D NEVER MARRIED DIVORCED K	BALTIMOR) TZ		MD.
0 C		11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPAT	ION		F BUSINESS OR
D	OA BALTIMORE	BALTIMORE COUN		NERAL HOSPITA	TYPE OF WORK FOR MOST		INDUSTRY	DCH
13a M	JAL RESIDENCE (IF NURSING HOME OR STATE ARYLAND) ATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 1	130. STREET ADDRESS 9613 AXE		COURT	33
		MERRIL	L	ROSETTA	WIDDLE		MER	RILL
16a. '	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECT	URITY NO.	17. INFORMANT	ADDR	ESS		
	(YES, NOOR UNKNOWN) (IF YES, GIVE	221–36–	-5510	BRENDA MERR	RILL 1205C	ALFRED	YEA	DON. PA
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2: OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	WINAL DISEASE OR CON	IDITION GIVE	N IN PART 10	0.
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER NOTIFY MEDICAL EXAMINER)		AY YEAR	21c. HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a. I certify that (I) (this haspit saw the deceosed alive on above, (I) (we) (did) (did not	al) attended the deceased fram_ 19_ 1 yiew the body ofter death.	De	nd that in (my) (our) apinion	death occurred on the d			that (I) (we) lost couses stated
	27b. SIGNATURE	en Di	I		MEDICAL STA		22c. DATE 9 -	26-87
	22d. PHYSICIAN'S NAME (TYPE OF	PESTRE	1/4	BALTI MORE	ECOUNTY	GENT	ERAL	HOSPITAL
23a	BURIAL, CREMATION, REMOVAL (SPECIAL)		NAME OF C	EMETERY OR CREMATORY	23d LOCATION TOWN LINCOLN	CI	COUNTY	STATE DF.
	UNERAL DIRECTOR	120 2 07	OTHOM.		TE REC'D. BY REGISTRAR			
(PNAME E	1 526 UNITON ST	MITT		FP 2 9 1987	1, 1	~ .	^

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065369 SEP	14.			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
		REGISTRAR	FIRST				AST		REG. NO 3				
		CEASED NAME OR PRINT)							76. DATE OF DEAT	M MONTH	/	26. HOMR	
be oge 3 death			HARLES		EDWARD		RSON,	JR.	4.465	9-	7 - 87	IF UNDER 24 HRS	
or, p	3. SE			4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
oge		MALE		WHITE			12 13 18		68 yrs.				
leoth. P		70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		76. CITIZEN OF WHAT COUNTS U.S.A.		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore County Baltimore County			MD.		
s offer o	43-9				I. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOREST Haven Nursing				120. USUAL OCCUP (TYPE OF WORK FOR MC Glazer	of BUSINESS OR More City			
ed within 24 hour impletely filled in 1 on 2 should be for exacting metros	13a. S	AL RESIDENCE (IF NURS STATE aryland	13b. COUN		136. CITY OR T Lansdo	OWN	YES [CITY LIMITS?	13e.STREET ADDRE		DE 2122 Road A	7 pt. 1C	
Viete (Zate)	14. F/	THER'S NAME Charles	~	MIDDLE E	Maxaar	n Cr	15. MOTHER	R'S MAIDEN NA FIRST Ruth	ME	N.	LAS	Watts	
E CO CO	160 \	VAS DECEASED EVER			Merson		17. INFORM		AC DA		11220	Walls	
Poges		YES, NO OR UNKNOWN)		E WAR OR DATES)		1-6370			sey, Sr. 2	4	21230	n Pland	
sicion Sicion of.	-	18 CAUSE OF DEAT PART I. DEATH W	1		-		Taul	W. Car.	scy, Dr. 2	2300 110		IMATE INTERVAL ONSET AND DEATH	
that the death certified by the attending please remove Sarbon please remove Sarbon trains, or center traumotic every		Canditions, if ony, gave rise to immerause (a), stotic underlying cause	, which mediate ng the lost.	DUE TO, O (b) DUE TO, O	OR AS A CONSE	QUENCE OF	Jus	2 COTA	theny	arct	ne.	ment:	
NG PHYSICIAN: The low requires rottending physicion. Wher this certificate has been signed as the buriol-transit permit. Then pit and Mental Hygiene prior to bur orked or Hem 18 shows ony injury, orked or Hem 18 shows ony injury.	NO	PART 2 OTHER SIGN	NIFICANT C	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION G	EVEN IN PART I	a	
ion. I has been the permit. I have been the permit. I have been permit.	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	DITION FOR WH	IICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? YES NO[IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?	
ding physicio is certificote buriol-transit. Mental Hygie or tem 18 sho		210. ACCIDENT WAS UNI	CAUSE OF DEA	TH HOUR A	M. MONTH		21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM TE	B PART I OR PART 2}		
PHYSIC tending r this cer the buriond Meni ed or the	MEDICAL	214 INJURY OCCUR	RED	21e. PLACE	.M. OF INJURY REET, FACTORY, OFF	19 ICE, FARM, ETC)	211 LOCAT	ION	CITY	OR TOWN	COUNTY	STATE	
Afte os shork		AT WORK AT WO	IRK	. 1	1 1 1 1 1 1			45 /	<u> </u>	-			
NTTEND spital of CTOR: for use of Head		220.1 certify that (I) (this hospital) ottended the deceased fram 1980, to 9-7 1984, that (#e(we) lost solve the deceased alive an 7-7 1987 and that in (my) (aur) apinion death occurred an the date and hour and fram the couses stated above, (I) (we) (did) (did eat) view the bady after death											
the hor the hor the hor the best the Dept.		21 SIGNATURE	066	POOC	0020	. 111	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	SIGNED	
O HOSPITAL etoined by the TO FUNERAL should be determined the Stork with the Stork		274 PHYSICIAN'S N	AME (TYPE O	8-	= 0	110-1	22e ADDRE		gno, M	eal.	cts		
Should with With Po	2.2	7.5/		14-612	- ' '	22 514415 55 5	1345	200	non a		Bello	5222	
0.0	230	BURIAL, CREMATION,		23b. DATE		23c NAME OF C			23d. LOCATION CITY OR TOW	N. III	COUNTY	STATE	
BP	24 E	Cremat	TOU	9/9/8	/	Securit	y Proc		n. Catons				

DHMH - 16 60M 7/84

(VRA 15, 4)

ADDRESS 21229 4107 Wilkens Ave Hubbard Funeral Home, Inc.

SEP 1 0 1987 Julia Davidon Londer

STATE OF MARYLAND

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STATE OF MARYLAND

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EPARTI	WENT	OF	HE	ALTH	AND	MENTAL	HY
	CE	RTI	FIC	CATE	OF	DEATH	

腹	187	STATE REGISTRAR	XC 27	0 32 39	7	CERTIF	ICATE OF DEATH	8 7 REG. N	9 5 1	9	9
1		CR PRINT)	FIRST		MIDDLE	1	AST	70. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
L			JULIA			MINN	0	SEPTEMBER 3	3, 1987		1:15P _м
3	. SEX	(4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
L		EMALE	1-	WHITE			ARY 24 1911	76	YRS		
17	a BIR	RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH	7.33
1	PI	ENNSYLVAN	IA	U.S.A.		WIDOWE		BALTIMORE C	COUNTY		MD.
1	O CI	TY OR TOWN OF D	EATH		HOSPITAL, NU		PROTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b.	KIND OF	F BUSINESS OR
2	EC	ORT HOWAR	D	VA MEDI				, The or work for most c	, working the	ZOSIKI	
P	USUA	AL RESIDENCE (IF NO			GIVE RESIDENCE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID CODE	non	016
1		ARYLAND	MONTG		1	SPRING	YES NO	B820 PALMIR		20	102
1	_	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	A DAME		
T	FF	RANK	,	MIDDLE	MINI		ANNA	MIDDLE	HF	RIVNA	AK
į,		AS DECEASED EVE	ER IN U.S. AR/	MED FORCES?		SECURITY NO.		STER ADDR	ESS 716 ALI	BERT	DRIVE
1	YH	ES. NO OR UNKNOWN)	VIET	NAM (MATES)	176 32	6517	MARGARET MER	EDITH - SIL	VER SPRIM	NG, MI	0.20902
1		18 CAUSE OF DEA			-		V 18 . O G 1	1 1		and the same	WATE INTERVAL DISET AND DEATH
-		PART I. DEATH	WAS CAUSE	BY:	SEPSI					BETWEEN	INSEI AND DEATH
1		IED OF S	IMMEDIA	E CAUSE (a)		Mary Town					
1		Conditions, if ar	ny subish			ATED COL	ONIC DIVERTIO	CITI IIM			
١		gave rise to in	mmediate)			ONIO DIVERTIC	OCHOIL			
1		cause (a), sta underlying cau		DUE TO, O	R AS A CONS	EOUENCE OF					
ı		PART 2 OTHER SI	GNIFICANTO	ONDITIONS CO	ONTRIBITING	TO DEATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OR CON	DITION CIVEN IN	DADT 1	
ı	Z	TAKE 2. OTTEK SI	OITH ICANT C	01401110143	SINTRIBOTHING.	TO DEATH BOT	NOT RECATED TO THE TERM	MINAL DISEASE ON COIN	DITION GIVEN IN	r AKT IIG	
1	CERTIFICATION	19a. DATE OF OPER	RATION	19b. COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE	EFINDIN	IGS USED
П	띮							YES NO	IN CERTIFYING (CAUSES	OF DEATH?
1	ER	21a, ACCIDENT WAS L	UNDERLYING .	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR		1	PART 2)	NO []
		OR CONTRIBUTING	_	115		DAY YEAR					
L	MEDICAL	(IF EITHER NOTIFY ME		P. 21e PLACE		19	211 LOCATION				
	ME	WHILE NOT	WHILE		REET, FACTORY, OF	FICE, FARM ETC }	STREET	CITY OF TO	wn co	YTAU	STATE
1		AT WORK - AT V	WORK			TEDDAY	1777 0 07	077777	0		
ł		22a.1 certify that	(1) (this haspit	OI) affended th	e deceased fr	om F.F.B.KU	ARY 2 , 19 87	to SEPTEMB	ER 3. 19-8.	, t	that (I) (we) last
I		abave, (I) (we)) (did) (did not	view the bady	after death.	17 - 37 . dil	d that in (my) (aur) apinion	deani accorrea an me a			
ı		128. SIGNAJORE	DARIE	V Kn	no	mn	DEGREE ATTENDING	MEDICAL STA	FF 32	C. DATE S	SIGNED
		22d PHYSICIAN'S I	NAME WOOD	Cif de	nue	INU	PHYSICIAN [DIRECTOR PHYSIC	IAN (1)	9-4-	87
		228 PHISICIAN ST	NAME (TIPEO	(PKINI)				TENEDD FOR	HOLLARD	MD (01050
1				ANE, M.	D.		VA MEDICAL C		HUWARD,	MD .	21052
2	3a B	URIAL, CREMATION	N, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ity	STATE
		JRIAL		SEP.9,			ON NATIONAL	ARLINGTON		VIRO	GINIA
2	4 FU	NERAL DIRECTOR	FRANC	IS J. CO	OLLINS,	JR.	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATU	JRE
1	500	UNIVERS	ITY BLV	/DW. S	SILVER	SPRING.1	MD. 20901CED 4	1 1007 /1	Kid - Y	Da das	1041

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

ACA S SPOTA FORD

8728 Liberty Road Randallstown Maryland 21133

(VRA 15. 4)

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STATE OF MARYLAND

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			ASED NAME	FIRST		MIDDLE		LAS	7	0 /	20 DATE	KNOWN	MONTH	DAY	FEAR	7h HOUR
	W .: 200.5	(TYPE O	R PRINT}	ROBER	_	LEE	/	MOA	TI		OF DEATH	MATED [9	7	87	5:30
1	EAS EET EES	3 SEX			5 DATE OF BIR		6 AGE (IN YEAR			NDED OA NDE			MONTH	DAY	JYE AR	2d HOUI
1	PLEASE ECTOR. R FILES. HOURS STREET,				MACONITIA D	av VEAR	LAST BIRTHDAY	MONTHS	DAYS HOU	NDER 24 HRS.	PRONOUI	NCED				
1	\$355£	Mal		hite	Oct. 7	1934	1110				DEAD		9		1987	7:30
	別るの変数の		HPLACE (STATE	OR	16 CITIZEN OF	WHAT COUN	TRY? 8	MARRIED	** NEVER A	AARRIED		ORE CITY			EATH	
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	55083 X	IO CITY	OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME.			12a US	UAL OCCU	PATION (TY	PE OF WORK	126 KIN	D OF BU	SINESS
11	무구성들이/)			1000		H FACILITY, GIVE S				FOR	MOST OF WO	RKING LIFE)		OR	INDUSTR	RY
7	語Pane	FISUAL	SSEX	N NURSING HOME OR			ern Ave				isabl	ed - I	oggei	t		
201	\$0350KA	13a. STA		136 COUNT			OR TOWN		INSIDE CITY LIN	1152 13e STI	REET ADDR	ESS				
2	4条番も数()		Md.	Bal	Lto.	E	Ssex	Y	ES N	2 XX	117 A	Old F	Caster	cn A	ve.	21221
A G	- NOW 35 7	14. FATH	ER'S NAME		MIDDLE		LAST	15	MOTHER'S A	AAIDEN NAM	E	AIDDLE			AST	
w.	5 me 2/25		John John	Flo		Moats				tio	_					
9	20 8 4 9 -			VER IN U.S. ARM			IAL SECURITY I	NO. 17	INFORMANI	tie	FA	nma ADDRESS		Simmo	JIIS_	
NT.	元である。		NO, OR UNKNOWN													
V V	S GIVE P WITH FG PAGES DIVISION		10				-40 - 202	9	Grace	Moats	1117	A Old	Easte			21
2	38× E G	11	CAUSE OF D	EATH (Enter only	one couse per	line far (a), (b), and (c).)			1				BETW	PROXIMATE	INTERVAL
2	TESSET.		PARTIDEAT	H WAS CAUSED		6UNSHB	T Way	nd to	the 1	read						
5	ALOI PE			-1-11		OR AS A CON	SEQUENCE OF				-61		100			
ex Ex	EA LAS			if any, which										-		
>.	A TRA			ta immediate	(b)_	OP AS A CON	ISEQUENCE OF								-	
7 10	BAN AND		lying cause		DOL 10,	OK AS A COL	SEQUENCE OF							155		
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OF V	W W W W W W W W W W W W W W W W W W W	CERTIFICATION	a EXTERNAL	CAUSEWAS	21b. TIMI	ÖF INJURY		21c HOW	INJURY OCC	URRED (ENTER	NATURE OF IN	JURY IN ITEM 18	PART I OR PA			110
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ž.	E SE	UJ	VHILE -	OT WHILE	STREET,	FACTORY, FARM, E	TC.)	STREE			CITY OR TO	WN	co	UNTY		STATE
٥	WR WR AAG 120		T WORK	T WORK												
	R: THIS CERTIFICATE SHATE, WORNARDED TO THE CHASE PAGE 3 SHOULD BE UE STATE DEPARTMENT OF STATE OF SHORE TO BURD TO BU		220 Leartify t	hot I taak charge	of the remoins	described obs	ve hold on	Autopsy	T lave	pectian X.	la avviso					
	E EXAMINER: E CERTIFICATE, DUID BE FORV L DIRECTOR: H, WITH THE SI							-	1	_ `	Inquiry	[]	nd in my op	ппоп		
	REC BE		death resulted t	Noturo	al causes	Ascident	LJ, Suici	de X.	Hamicide L		termined m	onner,			/ ,	
	EXAM CERTIF ULID BI DIREC (, WITH MARY!	A	CTUAL	Um 9	1 1 6	1			TITLE (SPECI				DATE	9	12/	-7
	KERKE -	Si	GNATURE_	4/1	wy	100		M.D.	Defu	MEI MEI	DICAL EXAM	AINER	DATE	D_ 1/	-/	51
	DE STET		AMBIENIC A	1 -		1			9.	00 FRA	20144	1100.	1000	00		
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	TO MEDICAL EXECUTE THE CIPAGE 4 SHOULD TO FUNERAL DAFTER PEATH, N BALTIMORE, W	23a.BUR	AL CREMATIC	N, REMOVAL 23	b DATE	23c. 1	NAME OF CEME				OCATION					
07/84		(SPEC	Removal		9/2/8	,	cKendre			CITY	YORTOWN	TT 7 - 7	cour			ATE
25M	0.	24 FUN	ERAL DIRECTO	R		1	cvenare	e cell	25a. C	ATE REC'D. B	Y REGISTRA	Highl	ISTRAR'S S	O.	IRE VA	
	DHMH - 17	N.	AME		ADD	RESS				SEP 4	1987	Julia	-		Pari	7 1
	(VR A15 ME (5))	1 4	vinetta	Funeral	Home '	ROOMage	1C 9774	221 1	VID.				80.0			

ľ	ATE	OF	MAR	YLAND	
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128 SEP	1 .	FOR			DEF		OF MARYLAND	IVC IF II			
8 SEP	18	RATE GISTRAR			DEF		ICATE OF DEATH	0 7	0 100	-) 13	.,
	1. DE	CEASED NAME	FIRST TACI	QUELIÑ	₽ ^{OLE} KTI1	HΔH	MOGOWSKI	REG. N	MONTH E	DAY YEAR	26. HOUR
	(TYP	E OR PRINT)	Haue		L KIL	me	gouski	15	09 1	5 87	630 PM
	3. SE		Ú 4 R			5. DATE C	FBIRTH	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	-	Female		White		Jan	. 13 ^{DAY} 192 ^Y 5 ^{AR}	62	YRS	AONTHS DAYS	HOURS MIN.
3		IRTHPLACE STATE OF FO	DREIGN 76 C	CITIZEN OF W		MARRIE	NEVER MARRIED	9 BALTIMORE CITY		/ 1	
0		Maryland	11	U.S		WIDOWE			nore.	_	MD.
()		Towson	S	TELLA	FACILITY, GIVE	STREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT LITYPE OF WORK FOR MOST Homemaker-	OF WORKING LIFE Artist	industry Own 1	F BUSINESS OR Home
must be	13a	AL RESIDENCE (IF NURSINSTATE Maryland	Balti		Tows	TOWN	136 INSIDE CITY LIMITS	3 STREET ADDRESS 522 Picca	ZIP CODE dilly	Rd. 2	1204
E A	14 F	ATHER'S NAME	MIDDI	ı.e	LAS	,7	15. MOTHER'S MAIDEN	NAME	,	LASI	
o d		Richard	C		Ki1h		Edna	MIDDLE 1	ene	Merr	yman
medical		WAS DECEASED EVER II	U.S. ARMED (IF YES, GIVE WAR			SECURITY NO.	17 INFORMANT	ADDE		#12-	
	-	NO 18 CAUSE OF DEATH				14-5041	Edward W.	Mogowski - s	same as		MATE INTERVAL DNSET AND DEATH
rinjury, ar other troumotic	TION		ediate the last. IFICANT CONI	(b)	AS A CONS	No.		RMINAL DISEASE OR COM			
shows only	CERTIFICATION	19g DATE OF OPERATI			30	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?
Hem 18 sh		2]0. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	71b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	ART I OR PART 2)	
morked or	MEDICAL	21d INJURY OCCURRE		21e. PLACE O		FFICE, FARM ETC)	21f LOCATION STREET	CITY OR T	NWO	COUNTY	STATE
.21 із то		22a.1 certify that (I) (saw the deceased above, (I) (we) (di				C	d that in (my) (our) pini	an death accurred on the c	ate and hour		that (I) (we) lost couses stoted
IT: If her		226. SIGNATURE			1		DEGREE ATTENDING PHYSICIAN	G MEDICAL STA		224 DATE :	SIGNED
with the State De		22d. PHYSICIAN'S NA		जा। ***वै = क्र	/ D		27e ADDRESS Ste	lla Maris			
with the Sta			ie Nakh	luda, N	1.D.			lley Rd T	owson.	MD 212	.04
_		BURIAL, CREMATION, R Burial	REMOVAL 23	36. DATE 9-17-8		Dulaney		Cockeys			
A 7/B4	24 F	UNERAL DIRECTOR Ruck Towson	n Funer	al Hom	le, În	050 York c.,Towso	Rd. 250. E	EP 1 7 1987	Fulio Da	PAR'S SIGNATI	JRE Indose

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event,

065898

poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CEKITI	ICAIE OF DEATH	REG. N	0 5	2 0	1.4
		EASED NAME FOR PRINTS	R51	,	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	Y YEAR 2	26 HOUR 5
	1	Edo	UAL	1	1.	170	NACHANJI		9-19	1-87	5 pm
	3. SEX		4 R	ACE		S. DATE C		6. AGE IN YEARS LAST BE	RIHDAY) IF		IF UNDER 24 HRS
		MALE		Whit	e	Sep		81	YRS	DATS	HOURS MIN.
7		THPLACE (STATE OR FORE	IGN 75. (CITIZEN OF	WHAT COUNTRY	? 8	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	FDEATH	
1		aryland		U.S.	Α.	WIDOWE		301	traion	· Co	Unty MD.
	10. CIT	Y OR TOWN OF DEATH	11.		HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION DE WORKING LIEE	126 KIND OF	BUSINESS OR
	101	10WSOM	7	54.	Sose	oh,	4050HA	Meat Sal	esman	Retai	1 Food
0	USUA 13a. S	L RESIDENCE HE NURSING	HOME OR OTH	ER INSTITUTION			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		7
7			Balti	more	136. CITY OR TO	4	YES NO X	1925 Ed		d Rd.	21234
7	14.FA	THER'S NAME	MIDD	AI E	LAST		15. MOTHER'S MAIDEN NAM			LAST	
2	1	Edward	J.		naghan	,Sr.	Kather			Bauer	S
1		AS DECEASED EVER IN I	J.S. ARMED	FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	ESS		21234
1		No		-	212-09	-3560	Margaret A	. Monagha	n Balt	timore	, MD
ĺ		18 CAUSE OF DEATH	nter only o	ne cause per	line for (a), (b), a		0	LUE DUN		APPROXIMA BETWEEN ON	ATE INTERVAL
		PART I. DEATH WAS	MEDIATE C		RESYII	0 AS	RY INSUFFI	CIENCY			
				DUE TO, OI	LAS A CONSEQU	JENCE OF		/			
		Conditions, if ony, wh		(b)	PULME	NAG	EMPHYSE	MAANDF	1BEOSI	1	
		gove rise to immed couse (a), stating	the	DUE TO O	R AS A CONSEOL	JENCE OF	,				
		underlying couse	ost.	lc)							
	_	PART 2. OTHER SIGNIFI	CANT CON	IDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	NIN PART 110	1 1 1115
1	CERTIFICATION		-				ngestive Hei				4.5.C.V.S
	ICA	19a. DATE OF OPERATION	7	196 CONDI	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES O	
	RT		-					YES NO	YES	C-3	NO 🗌
		210. ACCIDENT WAS UNDERLY		11b. TIME O HOUR A.	f Injury M. Month [DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INIL	JRY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	(IF EITHER NOTHY MEDICALE		P.,		19					
	MED	21d. INJURY OCCURRED		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	City OR 10)WN	COUNTY	STATE
		AT WORK AT WORK					+				
		22a.1 certify that A (thi					nd that in (my) (our) opinion o	death assured as the	, 19		ot (I) (we) last
		sow the deceased of above, (I) (we) (did) 22b. SIGNAT	(and not) vi-	ew the body	ofter death.			Jeon occorred on the c	ore and nour c		
		226. SIGNATURE	1)		DEGREE ATTENDING _	MEDICAL STA	FF .	22c DATE SI	T-87
-		22d. PHYSICIAN STANK			400	17	PHYSICIAN [DIRECTOR PHYSI	CIAN	1-1.	3-9/
1		77 C			-10 10	11157					
		redute			ELA-GO		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
		urial, cremation, rea BURIAL		3b. DATE			EMETERY OR CREMATORY	ETERY BAT		COUNTY	STATE
			þ	EPT.	18, 87N	EW CA	THEDRAL CEM		TIMOR	E, MAR	YLAND
1		LLIAM E.	T 0 1 1 1 1 1	701105	ADDRESS	RAVE		E REC'D. BY REGISTRAF	1 1	Durden	D. Jack
	MT	LLIAM E.	JOHNS	SON85	ZI LOCH	RAVE	EN BLVD. SE	L 1 - 1301	guna	Draway.	Kuraum

STATE OF MARYLAND

STATE OF MARTERIES											
DEPARTMENT OF HEALTH AND MENTAL HYC	GIENE										
CERTIFICATE OF DEATH	8										

						SIAI	E UF MAKILA	ANU					
The	1	FOR STATE			DEPART	MENT OF I	EALTH AND I	MENTAL HYG	ENE				
5 5 7 8x/SEP 2	0	REGISTRAR				CERTIF	ICATE OF D	DEATH	0 7	REG. NO	E 13	7)	
J J I OM SER Z	P 8	EASED NAME	FIRST		MIDDLE		AST		20 DATE OF		DAY	YEAR 2	h HOUR
* DE		OR PRINT)			_	11	Morr	ıs	20. DALE OF Sep	tember .	17, 19	87	
4 64	_		LLA	MA	AE	101	arris	5		7			0:42AN
1 4	3. SE			4 RACE		5. DATE (VEAR	6. AGE (IN YE.	ARS LAST BIRTHDAY)	MONTHS		FUNDER 24 HRS
4 91		Female	15-11	White		May	16,	1919	68	Y	(RS	UA13	MIN.
2 42 19		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMOR	E CITY OR COL	JNTY OF DE	ATH	
美野野		ryland	11.00	U.S.A.			D NEVER A		12	14.		0	
14 31 5	-	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI	WIDOW		VORCED [120 LISTIAL O	CCUPATION	ore	VINIDOS	BUSINESS OR
1 11 ZEV		· ·			H FACILITY, GIVE STREET		OHIER INSI	/		FOR MOST OF WORK		USTRY	SUSINESS OR
100	10	WSOR		8+,	Josen		spita	/	Hoste	SS .	. R	esta	urant
9 54 5	130	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BY OF	E ADMISSION)	13d. INSIDE C	TV IIIIITCO	12. STREET A	DDRESS / ZIP (CODE		
7 1		ryland		timore	Baltimo		YES T	NO X		F Kings		Road	3 21234
1 23 1	-	THER'S NAME	202	OIMOIC	Dareino	10		S MAIDEN NAM		Rings	Mage	Noac	1 21234
3 K) R7	1	FIRST	1.5	MIDDLE	1A51			FIRST		WIDDIE		LAST	
3 300	_	Samuel		T.	Dunlap		Emn					lisor	
21 11		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMA	ANI (Grea	at Niec	e PDDRESS	RD2 Bo	x 21!	5-0
1 1 1		No		N/A	213-03-0	607	Mrs.	Pamela	Norris	Jorss	Frankf	ord,	Del.199
2 35 4		18 CAUSE OF DEAT	W (Enter on	hu ann saura nar	line for (a) (b) or	od (c))		-					SET AND DEATH
BA 2861		PART I. DEATH W	VAS CAUSE	D BY:	mie 191 101, 101, 01	0 10.1	1 1.	a lisis					
14 0/12		St 17.5	IMMEDIAT	TE CAUSE (a)	Lunc	ence	· ····			-		30	7
1831		100		DUE TO, O	R AS A CONSEQU	ENCE OF							
9 11 10		Canditions, if any		(b)	100000000000000000000000000000000000000	COMME.			1000				
2 2111		gave rise to improve cause (a), statir	mediate ng the	DUE TO O	R AS A CONSEQU	ENICE OF							
B 685 6		underlying couse		100210,01	K AS A CONSEQUE	LIVEL OF							
1 9 d d		PART 2 OTHER SIGN	NIEC ANT C	CONDITIONS	DNITRIBILITING TO	DE ATH BUT	NOT BELATED	TO THE TERM	NIAL DISEASE	ORCONDITION	N.C.IVENLINI	DART 1	
and	z	TAKE 2 OTHER SION	0	- CONDINONS CO	/ -	- /		-		d. I	ON LINE	AKT HO	
	1 2	A 0 4 7 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	71011	7	Cechen !	<i></i>		Moslos		~ ~ ~		Z	ozer
1 2 4 4	2	190. DATE OF OPERA	IION	THE CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	DKMED	200 AUTO		IF YES, WERE ERTIFYING C		S USED F DEATH?
75 24 3/	E								YES 🗌	NO	YES	-	NO 🗌
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CENT	210. ACCIDENT WAS UNI	_			AV VEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NATI	URE OF INJURY IN ITE	M 18 RART I OR	PART 2)	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	¥	OR CONTRIBUTING		4111	M. MONTH D	19							
2 d d d	MEDIC	21d. INJURY OCCUR		21e PLACE		17	21f. LOCATIO	ON					
49 4377	N.	WHILE NOT WE	HILE 🗍	(AT HOME, STR	REET, FACTORY, OFFICE.	FARM, ETC.)	STREET			CITY OR TOWN	COL	UNIY	STATE
X 5 5 5 5		AT WORK AT WO	RK -			1.03				-1		K	
No wood		22a.1 certify that (1)		/	e deceased from.	19		_, 19	, to	9/17			at (I) (we) lost
E 4 8 2 5 5		sow the decease	ed olive an did) (did na	t) view the body	ofter death.	£9	nd that in (my)	(our) apinian a	leoth occurred	on the date and	d hour and Ir	am the ca	uses stated
23 HERE		226. SIGNATURE			1		DEGREE				220	E. DATE SI	GNED
0 + 0 PG =			1:		1	4	47 A	ATTENDING _	MEDICAL	STAFF	7 0	7/10	2/1-
E 2 E 2 E 2 E 2 - 1	4	77d. PHYSICIAN'S N	AME LIYPEO	10 PRINT)	7		22e. ADDRES		DIRECTOR	PHYSICIAN		111	117
HOSPIT AND		A SA	A	0				-	. ,		_		51.
C 0 0 1 4 4 1		pxph.	4	Jorg	· C/L		1	40 10	ell,	ed,	1000 10	_ ~	10 110
ME PERS		URIAL, CREMATION,	REMOVAL	23h DATE	23c	NAME OF C	EMETERY OR O	CREMATORY	23d LOCAT				
BP	1	Cremat	tion	Sept.2	1,1987 S	ecuri	y Proc	ess, Inc	. Cato	nsville,	. Balt	imore	Md.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	24 FL	INERAL DIRECTOR	Film.		Becond					GISTRAR 25b RE			
DHMH - 16 60M 7/84		ngleton Fi	10000	Home	ADDRESS DIRECT	io M	2011		P 22				Δ.
(VRA 15, 4)	07	mgrecon re	uneld.	r nome e	Ten parn	TE, M	агутапа	1 5-	P 1.1.	TUN/	wie Des	Russa.	Pandalle

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

give verydon fandale

NUTTER FUNERAL HOMES, INC.

2501 GWYNNS FALLS PKWY, BALTIMORE, MD. 21216 SEP

DHMH - 17

(VR A15 ME (5))

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

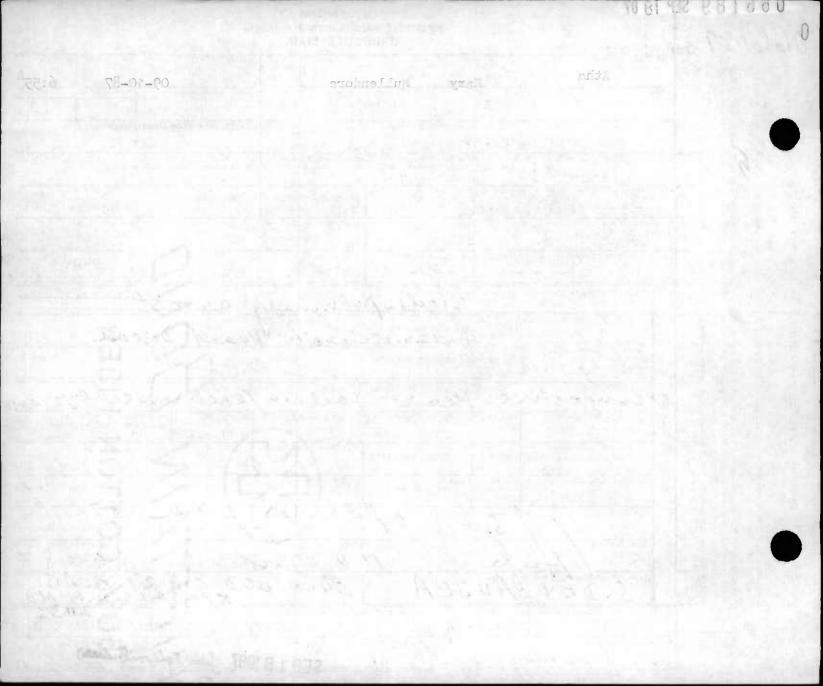
067085 SEP 2		STATE REGISTRAR			EALTH AND MENTAL HY	GIENE			
001003 3272		EASED NAME FIRST	WIDDLE		AST	REG. N	ある	Y YEAR 12h	0
yy be oge 3 deoth		DR PRINT) HAROLI			MULHOLLAND	M. DATE OF DEATH	9 2	20	12:11P
e 4 mo) ctar. po	3. SEX	MALE	RACE CAUC.	5. DATE O		6 AGE (IN YEARS LAST BIT	MO		UNDER 24 HRS
	7a. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COLINTRY? I		9 BALTIMORE CITY C	YRS. OR COUNTY O	OF DEATH	
In the As	9	Pennslyvania	USA	MARRIEI	NEVER MARRIED DIVORCED	BALTIMOR	E COU	NTY	MD
11/11/17	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME O		120 USUAL OCCUPAT	ION	126. KIND OF BI	USINESS OR
5 9 (100)		TOWSON	GBMC-6	701 N. CH	ARLES ST.	Teacher	or WORKING (IFE)	Educa	tion
AND 21:	13a S1		VTY 13c. C1	IDENCE BEFORE ADMISSION) TY OR TOWN hoenix	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS 14114 Jai	/ ZIP CODE	ille Pike	21131
1 10 10	14. FA1		MIDDLE	Mulholland	Florence	MIDDLE		Edgar	
1 1	16n W	AS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	M.		Lugar	
BAITIMOR The medic of the medic		S, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	6-07-0155	Mrs. Helen				sville Pl
T., BAL physical moses. ment, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line for ED BY: TE CAUSE (a)	SPIRATOR	Y FAILURE			BETWEEN ONSE	T AND DEATH
PRESTON of the death ce the attending temper confusion, or a traumatic or a traum		Canditions, if ony, which gave rise to immediate cause (a), stating the	(6)	CONSEQUENCE OF					
by the state of th		underlying couse last.	DOE TO, OR AS A	OR PULMON	IALE				
EDS, 20 regiment to burn nijury, o	z o	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIB		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
AL RECORDS The low-regulation sign permet. The	CERTIFICATION	% DATE OF OPERATION		OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYII	WERE FINDINGS NG CAUSES OF	
Mysic No. 18 s. 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	2171	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I I OR PART 2}	
PHY Trendi	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ		211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
DIN TTENDING pital or of TOR: Afte for use as af Health of		22a 1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	09/21	19 87 00	19_87 d that in (my) (aur) apinian	death occurred an the d			t (1) (we) lost ses stated
Al OR A vithe hos all DIREC detoched both Direction if them IT; if them		226 SIGNATURE / NERUS	0 21		PEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN DE	09/25	
TO HOSPITAL TO FUNERAL should be deta		THOMAS R.		.0.	27e. ADDRESS	N. CHARL			
5 € 5 € 3 ₹	230 BL	JRIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	4.11.27	COUNTY	STATE
BP		Burial	9-28-87	Dulane	y Valley Mem			Balto. A	Md.
DHMH - 16 60M 7/84		Martin D Laws	son 10 M	ADDRESS	Road SE	P 2 8 1987	754 REOSTEA	RIS SIGNAMO	ا

F: 57 981 12 2	E CWA.			O JOHAN
	20 67	P1 10	-QUAD	MALE
MORE COUNTY	ITJ:5			
		K. CHARLES	1_1076-0M85	TOWSON
	380	LILAR YROTAR	19999	
			0900	
		BLAMOMLU	9 900	
			WO.	
Temperature Washington				
09/25 87	78	42/40 42/40	09/25	
70/32/07				Therew "
AFLES ST.	HO .W 1073-	-OMES	MRRAY, M. J.	THOMAS R. H

88-918

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

066189 30	1 - 2-/	FOR STATE REGISTRAP		STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 / REG. NØ 5 2 0 /						
oy be loge 3 deoth		CASED NAME FIRST OR PRINT) Atha	MIDDLE	LAST	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
r, pog	3 SE>		Mary Mary Mary Mhite	S. DATE OF BIRTH	8. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HIS. MONTHS DAYS HUURS MIN.						
age 4	To Ril	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	March 19, 1891	96 YRS						
ecoth. If		aryland	U.S.A.	MARRIED NEVER MARRIED DIVORCED	Baltimore County of Death Baltimore County MD						
by the full filed with the	Ra	ndallstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 8610 Church La	ane	178 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
AND 21201	13a S Ma	ryland Bal	timore Randal	1 stovnes & NO	8610 Church Lane Box 236						
MARYL ompletely and 2	14 FA	Samuel S.	Stine Stine	15. MOTHER'S MAIDEN NA/	Louisa Keedy						
BALTIMORE,		VAS DECEASED EVER IN U.S. AR ES NOOR UNKNOWN] (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 214-09-		ADDRES 2012 Landsdowne Wullendore Silver Spring, Md.						
W. PRESTON ST., BAI hot the death entiredeby the offend by the offend ose remove careerings i, cremation,		18 CAUSE OF DEATH Enter only one cause per line to the part of the									
L RECORDS, 20) ne law requires 11 no. has been signed permit. Then ples ene prior to buria	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO D	A A COUNTY	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NOT						
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offer this certificate has been sig os the buriol-tronsit permit. Then th and Mentol Hygiene prior to b and Mentol Hygiene prior to b and defined is shows any injury	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK		Y YEAR 19 211. LOCATION	CITY OR TOWN COUNTY STATE						
ATTENDI or Spirol or Spirol or Use of for Use of 1. of Heol			ttended the deceased from	7, and that in (my) (our) opinion of DEGREE	death occurred on the date and hour and from the causes stated						
TO HOSPITAL OR retained by the high TO FUNERAL DIRE should be detached with the State Deportment of the Population of th		22d. PHYSICIAN ENAME (VOE O	AUJLA	ATTENIDING	CD COURT ROAD RANDALLS TOWN MD						
	23a B	JRIAL, CREMATION, REMOVAL Burial		AME OF CEMETERY OR CREMATORY	ry Hagerstown, Washington, Md						
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	NERAL DIRECTOR		erstown, Md. 25a DATE	REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE .						



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	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL I ICATE OF DEATH	HYGIENE	27	£ (**		
1-	2 8	EASED NAME FIRST		WIDDLE		AST	1200	ATÉ OF DEATH	-	DAY YEAR	I2b HOUR
	{ TYPE	OR PRINT!					70.0	1			
		EFFIE	1. 0.05	S.		ERS	14.46		9 21	87 IF UNDER I YEAR	10:42PM
	3. SE)		4. RACE		5. DATE C		6. AG	E (IN YEARS LAST BIR	IHDAYI	MONTHS DATS	HOURS MIN.
-	15	21 11 12	NEW	2	201	414, 190		33	YRS		
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 8A	LTIMORE CITY O	R COUNTY	OF DEATH	
/	I	RELAND	U.S.	A	WIDOWE			BALTIMOR	₽F		MD.
1	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREE	ING HOME C	G.B.M.C.		OF WORK FOR MOST O	ON F WORKING LIF		F BUSINESS OR
4	TISTLE	AL RESIDENCE (IF NURSING HOME OF	6701 N	CHARLE	SSIRE	EL		HI HO	WE	.1	
5	13a. S	TATE 136 COU		134 CITY OR TO	WE WOUNDS IONAL	13d INSIDE CITY LIMITS		REET ADDRESS	ZIP CODE	ROAC	415214
-	-	THER'S NAME		1111010		15. MOTHER'S MAIDEN	NAME			110.10	
3	0	JOHN	MIDDLE	LAST	-1-	FIRST	C. e	WIODLE		CILAS	AW
-	Ián V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	125	ADDRE	SS	24	MW
1	0		VE WAR OR DATES!	215 05	PE21	FAMILY	R	E CO ROS	5		
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), a	nd rest					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	:D BY: TE CAUSE (a)	CARDI	AC ARE	REST					
		WWW.ESW.		r as a consequ	IENICE OF						
		Conditions, if ony, which	10,0			ARREST				3 0	AYS
		gove rise to immediate) (6)			TINICI					7.1.52
		underlying couse lost.	DUE TO, O	R AS A CONSEQU						2 .	DAYS
		PART 2 OTHER SIGNIFICANT	(5)		-12	NOT BELLETED TO THE T	TERAMBIAL E	NICE ACE OR COL	DITIONICS	TAL DADT 1	
	Z	PART 2 OTHER SIGNIFICANT						DISEASE OR CON	DITION GIV	EN IN PART III	,
	CERTIFICATION	19a DATE OF OPERATION	REN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1107	N WAS PERFORMED		AUTOPSY?	20h JE YES	. WERE FINDIN	JGS TISED
U	FIC.	THE DATE OF CITERATION	170. COND	THO IT I OK WITHE	II OI EKANO	TO A STER ORNED			IN CERTIF	YING CAUSES	OF DEATH?
1	ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTITION		21c HOW INJURY OCC		s NO		S 🗍	NO 🗌
0		OR CONTRIBUTING CAUSE OF DE		M. MONTH	DAY YEAR	THE HOW INJURY OCC	CORRED 18	ENTER NATURE OF INJU	RY IN STEM 18	ART I OR PART 2)	
4	CA	(IF EITHER NOTIFY MEDICAL EXAMINE			19						
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC.]	21f LOCATION		CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this hasp	ital) attended th	e deceased from		, 19	, to	0		19,	that (I) (we) last
		sow the deceased alive or above, (1) (we) (did) (did no	1	19_	, or	nd that in (my) (our) opin	nion deoth	occurred on the de	ote and hou	r ond from the	couses stated
		22b. SIGNATURE	or view the body	offer deoffi.		DEGREE			-	77c DATE	RIGNED
		Tamer	K m	unay	1/1	ATTENDIN PHYSICIAL		DICAL STA		9/	21/17
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS				1	,
		DR. THOMAS R.	MURRAY			G.B.M.C6	5701 n	CHARLES	ST.	21204	
6	23a B	URIAL, CREMATION, REMOVAL		230	NAME OF C	EMETERY OR CREMATO		LOCATION			
	6	SPECIFYI	9-24	-1927 C	JORSI	an Mrn.	PK.	PARKE	115	BALTO	- COC
	24 FL	JNERAL DIRECTOR		1,0	2800	HARFURD 250	DATE REC	D. BY REGISTRAR	256 FEG 161	RAPE SIGNAT	47
54	5	VACL CHAP	EL OF	ADDRESS	3550	ROAD	UCT -	1 1987	gulia	Dengun	Kwann
	-		C	101	1140	. 1010					

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked ar Item 18 shaws ony injury, ar ather tra

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DEPARTMENT OF H	EALTH AND	MENTAL	HYGIEN
CEDILE	TO STADE	DEATH	

UCDIS							REG.	-	Gu W	Tax many
	MASED NAME	OWARD	MID	_EON	L	NASH	20. DATE OF DEATH	9 2	2 187	8:40
				LEON			4 405		IF UNDER I YEAR	-
3. 5EX	X	4. RA			5. DATE O	DAY YEAR	6. AGE JIN YEARS LAST	BIRTHDAY	MONTHS DAYS	HOURS
	MALE		CAUC		6	20 16	71	YRS		
	RTHPLACE STATE OR	FOREIGN 76. CI	ITIZEN OF WH	HAT COUNTRY?	8. MARRIE	XNEVER MARRIED	9 BALTIMORE CITY			
	Maryland		US		WIDOWE	D DIVORCED	BALTIMO			
10 CI	ITY OR TOWN OF DEA			SPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINE
	TOWSON		BMC-6'		CHAR	LES ST.	Foreman			icipal
USUA 130. S	AL RESIDENCE (IF NURS	136 COUNTY	RINSTITUTION GIV	VE RESIDENCE BEFORE	E ADMISSION)	113d. INSIDE CITY LIMITS?	13. STREET ADDRESS	S / ZIP CODE	Utili	ties
	Maryland	Baltim	ore	Phoenix		YES NO	13e.STREET ADDRESS	per Mil	II Rd.,	2113
14 FA	THER'S NAME			LAST		15. MOTHER'S MAIDEN NA		3 0 1		
	Charles	MIDDLE	eRoy		Nash	Dora	Tamso	n	Sh	eeler
16a V	WAS DECEASED EVER	IN U.S. ARMED	FORCES? 16	SOCIAL SECU	JRITY NO.	17. INFORMANT	ADD	RESS		
- { Y	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	218-05-	-0894	John C. Na	sh, 12321	Stone	y Batt	er Rd
	18 CAUSE OF DEAT	H (Enter poly po	e course per lie	e for (a) (b) on	dici			087	APPRO	XIMATE INTER
	Conditions, if any gove rise to improve to improve the course to improve the course the	mediate ng the		THEROS		TIC CARDIOV	ASCULAR	DISEA	SE	- E
TIFICATION	gove rise to improve couse (a); status underlying couse	mediate ng the e lost. NIFICANT CONE	DUE TO, OR A	AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM		20b. IF YE		INGS USED
ICAL CERTIFICATION	gove rise to improve to improve to the course to improve the course the cours	mediate ng the le lost. NIFICANT CONE TION DERLYING CAUSE OF DEATH ICAL EXAMINER)	DUE TO, OR A (c) DITIONS CON 196. CONDITION 216. TIME OF I HOUR A.M. P.M.	AS A CONSEQUING TO ON FOR WHICH INJURY MONTH D.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	INAL DISEASE OR CO	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE	INGS USED S OF DEAT
MEDICAL CERTIFICATION	gove rise to improve to improve to the course to improve the course to the course the co	mediate ng the lost. NIFICANT CONE TION DERLYING CAUSE OF DEATH ICAL EXAMINER) TRED HILE H	DUE TO, OR A IC) DITIONS CON 196. CONDITION 216. TIME OF I HOUR A.M. P.M. 21e. PLACE OF	AS A CONSEQUING TO ON FOR WHICH INJURY MONTH D.	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	INAL DISEASE OR CO	206. IF YE IN CERTIL YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEAT
	gove rise to improve the course (o); stating underlying course (o); stating underlying course (o); and the	mediate ng the e lost. NIFICANT CONE STION DERLYING CAUSE OF DEATH ICAL EXAMINER) PRED HILE DRA () (this hospital) o	DUE TO, OR A (c) DITIONS CON 19b. CONDITION 21b. TIME OF I HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	AS A CONSEQUING TO ON FOR WHICH INJURY MONTH D. FINJURY T, FACTORY, OFFICE, I	DEATH BUT OPERATION AY YEAR 19 FARM EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURE 216 LOCATION STREET 17 19 87 and that in (my) (our) opinion of DEGREE ATTENDING	INAL DISEASE OR CO	20b. IF YE IN CERTIL YE IS IT IN THE A IS IT IN THE	S, WERE FIND FYING CAUSE ES PART I OR PART?) COUNTY 19 87	INGS USED S OF DEAT NO SI
	gove rise to im couse (o); statis underlying couse PART 2 OTHER SIG: 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22a. I certify that (I) sow the decease obove. (II) (ii) exp()	mediote mg the e lost. NIFICANT CONE STION CAUSE OF DEATH ICAL EXAMINER) RED HILL	DUE TO, OR A (c) DITIONS CON 19b. CONDITION 21b. TIME OF I HOUR A.M. P.M. 21c PLACE OF (AT HOME STREET ottended the	AS A CONSEQUI	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f LOCATION STREET 17 , 19 87 Ind that in (my) (our) apinion of the physician physician [22e ADDRESS]	200 AUTOPSY? YES NO SED (ENIER NATURE OF IN CITY OR DIRECTOR PHY:	20b. IF YE IN CERTIL YE IS IT IN CERTIL YE IS IT IN CERTIL YE IS IT IN THE ALL IS IT IN THE	S, WERE FIND S, WERE FIND FYING CAUSE ES COUNTY 19 87 Ur and from the	INGS USED S OF DEAT NO
MEDICAL	gove rise to imcouse (o); statium entrying couse PART 2 OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY MED 22d I certify that (If sow the decease obove, (If) (pre) 22b. SIGNATORS 22d PHYSICIAN'S N	MEDIONE MIFICANT CONE ATION MIPICANT CONE ATION MIPICANT CONE DUE TO, OR A IC) DITIONS CON 19b. CONDITION 21b. TIME OF I HOUR A.M. P.M. 21c. PLACE OF (AT HOME STREET) Ottended the o	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCURE 21t LOCATION STREET 17 19 87 nd that in (my) (our) opinion of the physician [22e ADDRESS	200 AUTOPSY? YES NO SED (ENIER NATURE OF IN CITY OR DIRECTOR PHY: No CHAR 23d LOCATION 23d LOCATION	206. IF YE IN CERTIL YE IN CERT	S, WERE FIND S, WERE FIND FYING CAUSE ES COUNTY 19 87 Ur and from the	INGS USED S OF DEAT NO	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MALE CAUS B 20 15

TOWSON GENG-SYDIN, CHARLES ST.

CONCESTIVE HEART ENGLISE

ATHEROCOL GRAFTIC CARD LOVASCULAR OF DEASE

YTHUSE SSUNITURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

3	1	FOR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE			
1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	6 5	21	11
1	1. DEC	EASED NAME , FIRST	h	MIDDLE		AST	O DATE OF DEATH	MONTH DA	AY YEAR 2	b HOUR
١	(TYPE	ORPRINT) WILLIA	M	7.	NEI	LSON	SEPTEMBE	R 14	1, 1987 1	= 40PM
1	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF		F UNDER 24 HRS
1		MALE	White		Feb.	16, 1901	86	YRS.	ONTHS DATE F	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	4 5	9 BALTIMORE CITY		OF DEATH	
		irvland	U.S.	Α.	MARRIE	- / .	BALTIM	ORE	- Co 4.	NTY MD
5		TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF E	BUSINESS OR
	7	OWSON	ST.	TOSEP	ADDRESS)	HOSPITAL	Famer	OF WORKING LIFE)	Dairy F	arm
100	USUA	AL RESIDENCE (IF NURSING HOME O				AND THE COMMENTS	TO PERSONAL PROPERTY.	/ 710 CODE	Darry	CAJ-AIL
		ryland Balti		White Ha		13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS 1920 White		Road 21	1161
A		THER'S NAME				15. MOTHER'S MAIDEN NA	ME	11011 1		1101
	W	illiam H. Nelso	MIDDLE	LAST		Charlott	e Street		LAST	
1	16a. W	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	1920 ₩R	So Hal	1 Road	
		res, no or unknown) (IF yes, GI	VE WAR OR DATES	215-36-8	3240	Edith M. Nels				
		18 CAUSE OF DEATH (Enter o	alu ane cause ner			A A	OII WILLCE THE	III, MO		TE INTERVAL
1		PART I. DEATH WAS CAUSI	Ď BY	CARD		ARREST				minutes
١		IMMEDIA	TE CAUSE (a)			1 1 0		7	,	
		Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	DSC/	estic Can	DIOVASCULA	y Uf	Derc 401	ng Term
1		gove rise to immediate cause (a), stoting the) (0)—							1
		underlying cause last.		r as a conseque	NCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I o	1
	Z	1) UKEMIA-	Acute	Renal	fail	URC 2/	BASTROINT	estinal	01	ding
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
	TIFIC		131				YES NO	YES	ING CAUSES O	NO T
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
r.		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	AY YEAR 19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	District.	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE F	ARM ETC)	STREET	- 4		(00)411	SIMIE
		22a.1 certify that (1) (this has	ttal) attended th	e deceased fram_		1945t 19 8'	L to Septem	12er 14 11	9 67 the	at (1) (we) lost
		saw the deceased alive as obove, (I) (we) (did) Adid n	Depter	Mher 14 19 9	37.0	nd that in (my) (aux) opinion	death accurred an the d	ate and hour	and from the ca	uses stated
		22b. SIGNATURE	O D	C C		DEGREE			220 DATE SI	GNED
		Cha	reel.	adan	10/	ATTENDING PHYSICIAN	MEDICAL STA		Sentem	Le14 A
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT	,		22e ADDRESS 106	26- 40R)	(RDO	14	1
		Charles	HOA	MD M	7	coc	Keyswill	P. M	D 210	030
		BURIAL, CREMATION, REMOVA	236 DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		specify)	Sont 1	7 1987 17	mor	Cemetery	White Hal	1. Bal	to.Co.	Md.
		JNERAL DIRECTOR	m-In-T	24	Secov	ST. 250 DAT	E REC'D. BY REGISTRAF			
		0.0 26	molan	ADDRESS	2011	reedon OFP	2.1 1987	Julia De	along for	1860

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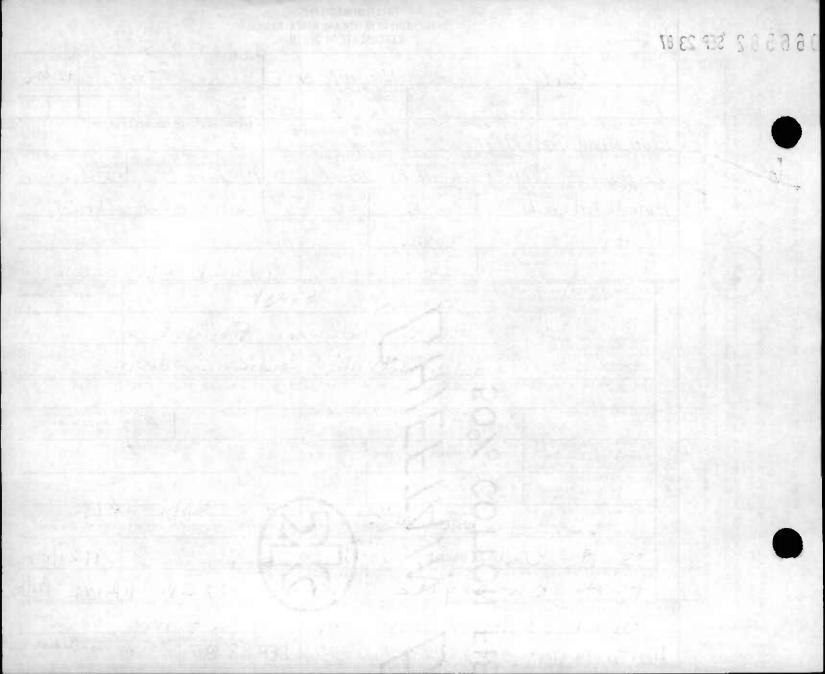
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR		dancini dancini	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	(TYPE	Carl	D. B. S. C.	Neuhaus SR.	9-	21-87 12:30 gm
	3. SEX	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	γ	White	12 DAY 1899	7 87 YRS.	MONTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
5	Bo	alto Manland	USA	WIDOWED DIVORCED	Balko, Co-	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
	6	30 Ho.	9913 Magledt.	Rd. 21234	mechanic	Costurtion
-			OTHER INSTITUTION GIVE BESIDENCE BEFORE		In account	01022
5	130.5	Paryland Bas	13c. CITY OR TOW	YES NO NO	130. STREET ADDRESS	aledted.
0	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE 3	LAST
		VAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	
	(Y	res, ng or unknown) [IF YES, GIV	(E WAR OR DATES) 212-07-	-12004 Car 1 C. K	lechous Jr. 9913	3 magledt.Bl.
		PART I. DEATH WAS CAUSE	- 1 - 1 - 1	Li. DAVK	34.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	E CAUSE (8)			
		Conditions If any bit b	DUE TO, OR AS A CONSEQUI	ENCE OF MINDANIV.	FWILIVE	
	4	Conditions, if any, which gave rise to immediate	(p)	Ed (here	11114.6	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF WHO CA	didust by dis	2,2
		BART 2 OTHER SIGNISIC AND	CONDITIONS CONTRIGUENT TO	DEATH SHIP NOT DELATED TO THE TER		ZVI T
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART ITO
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
71	IFIC					TIFYING CAUSES OF DEATH?
\pm	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR		
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
-1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK				
-1			tal) attended the deceased from	19 6	7, to 20pr.	, 19 R that (1) (we) last
- 1		saw the deceased alive an abave, (1) (***) (****) (did no	19 1 view the body after death.	, and that in (my) (opinion	n death occurred on the date and he	our and from the causes stated
_		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
		FE. M. V	, fully and G	ATTENDING PHYSICIAN	MEDICAL STAFF	9171127
		3 W.			PRUKECIOK PHISICIAN !	11210
_		224 PHYSICIAN'S NAME (TYPEC	PR PRINT)	22e. ADDRESS	DIRECTOR PHISICIAN	112101
7		22d PHYSICIAN'S NAME (TYPE C	Schorge		OSLER	DRIVE Pullo
7	23a. B	EURIAL, CREMATION, REMOVAL	Schordas		OSLER	DRIVE Pullo
/	23a. B	F. A. Y	Schordas	2 220. ADDRESS 7401	OSKER	DRIVE Pullo
	(:	EURIAL, CREMATION, REMOVAL	Scholdnes	220. ADDRESS 7401 NAME OF CEMETERY OR CREMATORY	OSLER 23d LOCATION CITY OF TOWN Parto, M	DRIVE PAIR COUNTY STATE STRATES SIGNATURE BERGER VERSE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

irector, page 3 ours after death

STATE OF MARYLAND

EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
	CE	DT	IEIC ATE	OF	DEATH	

OI. REGISTRAR		CERTIFICATE OF DEATH	Q 7 REGÉNO.	: 0 1 0
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 25 HOUR
MARY	0.	NICHOLS	SEPTEMBER 23.	1987 4:00р.м
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	DECEMBER 8. 1904		MONTHS DAYS HOURS MIN
70 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
MARYLAND	USA	WIDOWED X DIVORCED		MORE COUNTY. MD.
10. CITY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
OLIVER BEACH/CHASE	7405 GREEN BAI		HOMEMAKER	KING LIFE) INDUSTRY
130. STATE 136 COU				
		BEACH/CHASEYES NO IX		ROAD 21220
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	NAME	
ARTHUR	FOSTEI		WIDDIE	BIERLEY
16a WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
NO NO OK UNKNOWN) (IF TES, GI	214 14	3781 G. AUDREY CAR	RTER, 9304 ORBITAN RO	BALTIMORE, 21234
18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b		^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	TE CAUSE (0) LEAL	UNG THORACI	C HNEURY	
IMMEDIA	DUE TO, OR AS A CONS			
Canditions, if any, which	bue 10, OR AS A CONS	HUBERTE	NSION	
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	sale vestor	34111144	
underlying couse last.	to A R	DIMINALA	NEURYSM	S
		TO DEATH BUT NOT RELATED TO THE		
NO N				
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
I I I I I I I I I I I I I I I I I I I			YES NO	YES NO
OR COLUMNIA COLUMN	- 110115 4 11 11041711	DAY YEAR 21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART I OR PART 2)
SECONTRIBUTING CAUSE OF DE	AIR	19		Carry Stayer and Control
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				22-469
220.1 certify that (1) (this hosp	C -1- 1/19		6.10 Sept	hat (1) (we) tast
sow the deceased alive a above, (1) (we) (did) (did n	at) view the body after death.	19 , and that in (my) (our) op	inion death occurred on the date or	nd hour and from the causes stated
226. SIGNATURE		DEGREE		224. DATE SIGNED
(7. 1 /kg	Grazin 4	ATTENDII PHYSICI		9-24-87
22d. PHYSICIAN'S NAME (TYPE	DR PRINT)	22e ADDRESS	11111	BALTIMORE
G-MAD	HI KAJU.	12015	ALLARD AVE	mD-21220
230 BURIAL, CREMATION, REMOVA	23b. DATE	230 NAME OF CEMETERY OR CREMATO	ORY 234 LOCATION	COUNTY STATE
BURIAL	26SEPTEMBER87	ANGEL HILL CEMETERY		CE. HARFORD CO., MD.

DHMH-16 60M 1/73

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the haspital or attending physician.

injury, ar ather traumatic event, the

(VR A 15 (4))

ADDRESS MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 SEP 28 1987

ADD 84 130

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

01	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	6) (5	-0-1	4
	CHASED NAME	e rarle	s Willia	m NIES		AST	September	MONTH D	987	26. HOUR 10:10p _M
1, 5E)	Male		4 RACE White		Jan.	DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	IF UNDER I YEAR	
	RTHPLACE (STATEORE COUNTRY) Maryland		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D DIVORCED	Baltimore City of Baltimore	_		MD
Ros	TY OR TOWN OF DEA		Frank	Lin Squar	e Hos	pital	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST) Labore 1		126 KIND NOUSIR Meat	of Business or Packing
13a. S	AL RESIDENCE (IF NURS STATE Md.	13b COU	other institution. MTY imore	130 CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	/ ZIP CODE	3. 212	221
14. FA	Charles		MIDDLE	Nies		15. MOTHER'S MAIDEN NA Hannah	MIDDLE		Mills	AST
	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	220 03 0		Alethea Ni	es V	vife	Sar	DXIMATE INTERVAL N ONSET AND DEATH
CERTIFICATION		nediate g the last.	DUE TO, OI CONDITIONS CO	R AS A CONSEQUENT AS A CONSEQU	e Hea ence of erotion DEATH BUT	rt Failure c Peripheral NOT RELATED TO THE TERM N WAS PERFORMED		20b. IF YES	, WERE FIND YING CAUSE	
MEDICAL CERT	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOT IFFY MEDIA 21d. INJURY OCCURF WILL AND WAS 220. I certify that it saw the decease abave, Al (we) [c 27b. SIGNATURE 22d PHYSICIAN'S NA	CAUSE OF DE CALEXAMINE RED (this hosp ed alive or did) XXX	ATH P. 21e PLACE (AT HOME STR Septembly view the body)	M. MONTH DA M. OF INJURY BEET, FACTORY, OFFICE, F e deceased from	June	216 LOCATION STREET 29 , 19 87 and that in (My) (our) opinion DEGREE ATTENDING PHYSICIAN [RED (ENTER NATURE OF INJURE CITY OR TO TO SEPTENT	DWN Der 12 late and hour	county 9 87 and from the	STATE that Y (we) last the causes stated E SIGNED
	Ste	phen	L. Kinne			9000 Frankl		r., 21	237	
23a. B	Burial, CREMATION,	REMOVAL	236 DATE 9/16	/87 Ga	rdens	emetery or crematory of Faith Cen				
明	uzdžinski	runer	al Home	PA 1407	Old E	astern Ave SE	P 1 4 1987	25b. PEGIGTE	RAPS SIGNA	1. Kondasa

DHMH - 16 60M 7/84 (VRA 15, 4)

WPORTANT, If he

TO HOSPITAL OR ATTENDING PHYSICIAL

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No. of CH	ARTON			entend
on Same	Alethea Mi		gray (1, p.p. 1p 1	est
		t pydnaki.		
Charles Annual Street	ALC: SEE	Same?		

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All plants of the contract of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

28	REGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	7 (4)	Į.
DEC	CEASED NAME FIRST	(LVAN	MIDDLE	NITZBE	erg	SEPTEMBER 2		26 HOUR 8 P.
SEX N	X MALE	4 RACE WHIT	E	5. DATE O	DF BIRTH 22, DA 1913 YEAR	6 AGE (IN YEARS LAST BIRTHD)	YRS.	AR IF UNDER 24 HR
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN O USA	F WHAT COUNTRY	Y? 8. MARRIEL WIDOWE	DINEVER MARRIED DIXX DIVORCED	BALTIMORE CITY OR C	OUNTY OF DEATH	
	ITY OR TOWN OF DEATH		HOSPITAL, NURS		T3	120 USUAL OCCUPATION		OF BUSINESS O
	AL RESIDENCE (IF NURSING HO)	ALTO.	RANDALL		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 9614 ORPIN		т. т-3 133
14 FA	ATHER'S NAME FIRST MORRIS	MIDDLE	NITZBERG		15. MOTHER'S MAIDEN NAI FIRST SADI	E MIDDLE	LABOVI	
()	WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (1F YE	. ARMED FORCES? S GIVE WAR OR DATES)	215-34			S. HARRIÊT ES. MILLS RD. ENC		
	18 CAUSE OF DEATH LENG PART I. DEATH WAS CA	u anly ane cause p USED BY DIATE CAUSE (a)	er line for (a), (b), o	Ceal	MI		1-ve	NONSET AND DEA
	Canditions, if any, which	((b)_	or as a conseq	OUENCE OF	CAD			
CATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO. (c)	OR AS A CONSEQ	OUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? 2	Ob. IF YES, WERE FINE	DINGS USED
ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO. (c) NT CONDITIONS	OR AS A CONSEQ	OUENCE OF	n was performed	200 AUTOPSY? 21	Ob. IF YES, WERE FINE N CERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO. (C) NT CONDITIONS 19b, CON 5	OR AS A CONSEQ	O DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 21	Ob. IF YES, WERE FINE N CERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CO	DUE TO. (c) NT CONDITIONS 19b. CON 19b. CON 21b. TIME HOUR AINER) 21e PLAC	OR AS A CONSEQ CONTRIBUTING TO DITION FOR WHIC OF INJURY A.M. MONTH	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19	n was performed	200 AUTOPSY? 21	Ob. IF YES, WERE FINE N CERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING COURRED	DUE TO. (c) NT CONDITIONS 19b. CON F DEATH HOUR AINER) 21b. PLAC (AT HOME.	OR AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E FARM, EIC)	N WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN	OB HE YES, WERE FINING CAUS YES HITEM 18 PART 1 OR PART 2 COUNTY	DINGS USED ES OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying cause last part of the underlying cause last part of the underlying cause last part of the underlying cause of the un	DUE TO. (c) NT CONDITIONS 19b, CON 19b, CON 21b, TIME HOUR AINER) 21e PLAC (AT HOME, cospital) attended e on d not) view the box	OR AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E FARM, EIC)	211. HOW INJURY OCCURI 211. LOCATION STREET 21. 19 ad that in (my) (out) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN	Ob. HF YES, WERE FINING CAUS YES VIEW 18 PART 1 OR PART 2 COUNTY OND hour ond from 11	DINGS USED ES OF DEATH? NO []
	gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBU	DUE TO. (c) NT CONDITIONS 196. CON 196. CON 216. TIME HOUR AINER) 21e. PLAC (AT HOME. COSpitol) oftended e on d not view the book YPE OF HART.	OR AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19 E FARM, EIC)	21c. HOW INJURY OCCURI 21l. LOCATION STREET 21 d that in (my) (out) opinion DEGREE ATTENDING	ZOR AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN deoth occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL	Ob. HF YES, WERE FINING CAUS YES VIEW 18 PART 1 OR PART 2 COUNTY OND hour ond from 11	DINGS USED ES OF DEATH? NO STATE

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR ATTENTION

1		Y	FOR				DEPART	STAT MENT OF H		ARYLAN		YGIEN	E					
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0 3 2	14 30	100	ASED NAME	FIRST			WIDDLE			LAST		0 1	20 DATE	2		ATH DAY	Y YEAR	Zb HOUI
	Mayora	100	R PRINT)	Dona	5 le	1	Franc	cis	N	Iolan		7	OF	ESTI- MATED		9 5	19 87	
	3611911	1. SE	K-	4. RACE	5. DAT	E OF BIRTH		6. AGE (IN YEA	S IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MON			2d HOU
	SNS SNS	Ma	le	White		g 28 .	1954	33 YR	MONTH	DAYS	HOURS	MIN.	PRONOU! DEAL	NCED D		9 5	1987	8:56
	See		irthplace (St preign country) Marylan		7b. CIT	USA	HAT COU	NTRY?		ED NE	VER MARRI	1000		wore city	_		DEATH	
_	A COMPANY	10 N	iddleRi Essex		(IF)	NOT IN SUCH FA	CILITY, GIVE	IRSING HOME, STREET ADDRESS) COVE RO	OR OTH			120 USU FOR A	AL OCCU	JPATION (TYPE OF WO	ORK 12b K	KIND OF BU OR INDUST	
_	BON DA		AL RESIDENCE	(IF IN NURSING HOME	OR OTHER	NSTITUTION, GI	VE RESIDENC	E BEFORE ADMISSIO	N)					Drive	<u>r</u>			
120	585555		TATE	13b. COU				Y OR TOWN		13d INSIDE CI	NO 🖳		EET ADDR		0		07.0	00
. 0	世のかる 二	_	Md. ATHER'S NAME	Ba]			IMIC	ldleRive	r		R'S MAIDE	EN NAME			Grove	≥ Ra	. 212	20
3	表态题		Patrick	C	MIDDLE	,	iol an	LAST		F	IRST		A	MIDDLE	Day		LAST	
0	A O A	160.	WAS DECEASED	EVER IN U.S. AL		RCES?	Nolar	CIAL SECURITY	NO.	17. INFORM	trici	La		ADDRE	Dev	venpo	ort	
1	1885 A 18	(,	res, no, or unkno	WN) (IF YES, GIV	E WAR OR D	ATES)	213	3-58-34	74	Date	iaia	Chorn	ow DI)2Do	AET A	Cl on.	acab I	Do
13	SOES N		TIB. CAUSE O	F DEATH (Enter o	nly one co	use per line	for (a) (b) and (c))		Patr	icia	STOV	er_R	13ROX	45A_0		APPROXIMATE	E INTERVAL
15	NE SERVE		PARTIDE	ATH WAS CALIS	EDBY			wound	of r	ock s	Guns	shot :	ממורות	a of	righ	98	TWEEN ONSE	T AND DE ATH
10	* E O E S S		10 10 10	IMMEDIA				VSEQUENCE O		ICCK O	Guila	SHOC	woulk	1 01	1.1911	L all	11	
25	E SE			ns, if any, which														
*	NA MAN			e to immediate stating the under	-	(b) OUE TO, OR	AS A COI	NSEQUENCE O	F				_					
201	N. A.		lying cou	se lost.		(c)												
DS.	APERT		PART 2 OTHER SIG	SNIFICANT CONDITION	IS CONTRIBUT		BUT NOT REL	ATEO TO THE TERMIN	IAL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 (a).					_	
9	SEA SEA	Z O	130															
881	2 E E E E E	CERTIFICATION	190. DATE OF	OPERATION		196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?					20	AUTOPSY	?
ATI.	SHOULD SH	Ĕ														1	YES 🛣	NO 🗆
90	WENT WENT		210 EXTERNA	L CAUSE WAS		11b. TIME OF		DAY YEAR	21c. HC	W INJURY	OCCURRE	D LENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 O	R PART 2)		
DIVISION OF	E-0549	MEDICAL	CONTRIBUTIN	NG CAUSE OF		P.M	. 9	5 19 87		Subje	ect sh	not						
VIS	DES CHARLES	VED	21d INJURY C	CCURRED		21e PLACE (STREET, FACT				CATION		100	CITY OR TO	OWN		COUNTY	12.	STATE
8	WRI WRI AAGE ATE	-	AT WORK	NOT WHILE AT WORK	X	ho			370	00 Hol	ly Gr	cove			, Ba	ltimo	ore, M	
	MEST PATE.		220 I certif	y that I taok char	rge of the	remoins des	cribed ob	ove, held an	Autops	x x	Inspection	n .	Inquiry		ond in my	noinigo	-8	
	ME HOLE		death resulte	d from: Nat	uro1 couse	s .	Accident	Suice Suice	ide 📗	Homic	ide X		ermined m],			
	DIRE WAR		139	MIA	-	1		1 0		TITLE (SI								
	A HOSE		ACTUAL SIGNATURE_	IMO	me	6 11	rey	nee	M.	D. Assi	stant	MEDI	CAL EXAM	MINER	DA	TE GNED	9/1	6/87
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	MEDICAL ECUTE THE CECUTE THE CECUTE THE FUNERAL TER DEATH		EXAMINER'S	Mar Mar	rgarı	ta A.	Kore	211, M.I).	ADDRESS_	111 F	Penn	St.		Ba.	lto.N	AD.	
	PART PART -	23o.B	URIAL, CREMAT	ION, REMOVAL	236 DATE		23c.	NAME OF CEM	ETERY OF	RCREMATO	ORY	23d. LO	CATION		(COUNTY	SI	TATE
07/84	BP		Burial		9/9	/87	H	ollyHil	1Cem			Mi	ddleF				Maryla	and
25M	DHMH - 17	24 F	UNERAL DIREC	FOR		ADDRESS					250. DATE F			1	GISTRAR			
	(VR A15 ME (5))		connell	y Funera	al Ho	me 300)Mace	Ave. 2	1221		SEF	9	1987	Julia	Deors	hon-K	adath	•

	/	1.	FOR				DEPAR	TMENT OF	HEALTH	ARYLAND M	ND Ental F	IYGIEN	IE					
	./.		STATE REGISTRAR			A		EXAMIN						OREG.	NO "	1	6	
	X	T. DE	CEASED NAME	E FIRS	ST		MIDDLE			LAST	-	9 /	2a. DATE	KNOWN		DAY	WEAR	26 HOUR
0 5 0	Warren .	-	TORPRINI)	Val	erie	2	Joan	1		Nolan		3-16	. DE ATH	ESTI- MATED	□ 9	5	19 87	
652	S S S S S S S S S S S S S S S S S S S	Fer	nale	4 RACE White	5 0	May 29	1956°	6. AGE (IN Y	EARS IF UN	DER TYR.	IF UNDER	24 HRS MIN	PRONOU DEA	INCED	MONTH 9			8:56
	NA PE	7a Bi	RTHPLACE (SI	ATE OR	7 b	CITIZEN OF	WHATCOL		B. MARR	IED NE	VER MARR	IED 🗍	9 BALTIA	MORE CIT	Y OR COUN	NTY OF		
	DESER OF		arvland		100	US	SA			ED **	DIVORC		В	altin	nore C	ount	-y	MD
	聖野	10 C	TY OR TOWN		11.	NAME OF	HOSPITAL, N	IURSING HOM		IER INSTITU	TION		JAL OCCU		TYPE OF WORK	12b K	IND OF BUS	SINESS
	Spart C		liedlex			3700	Holly	Grove I	Rd.									
201	大の記号の人		TATE		OME OR OT	HER INSTITUTIO		TY OR TOWN	ion)	13d. INSIDE C	ITY LIMITS?	13e STR	EET ADDR	RESS				
.2.	34488		Md.		Ba	lto.	Mic	dle Ri	ver	YES 🗌	NO J			olly_	Grove	Roa	d 212	20
N. S.	1-100	14. F/	ATHER'S NAME		Mi	HDDLE		LAST			R'S MAIDI	EN NAME		MIDDLE			LAST	
BALTIMORE, MD. 21201	8888	In V	Melvin VAS DECEASEI	D EVER IN II S	APAGED	A.		orst S	r.	Ma 17. INFORM	ry AANT			ADDRI	Roder	ber	g	
LIM	1 Ses 1	(Y	ES, NO. OR UNKNO	WN) (IF YES,	GIVE WAR			nknown					7005				0100=	
	PAC PAC		no IR CAUSE O	F DEATH (Ente	er only or	ne coure per				IMETA	in Ho	rst	/935	Dalro	ose Ar	A	PPROXIMATE	INTERVAL
W. PRESTON ST.,	A.E		PARTIDE	ATH WAS CA	USED BY			hot wo	ınds (of che	est &	neck				BET	WEEN ONSET	AND DEATH
Į.	124 HO JIEM J ALONG T PERM YGIENE OVAL.	134		IWWE	DIATEC	AUSE (a).		ONSEQUENCE				11001						
NE SE	NITHIN 24 ICIL IN ITI NER ALO RANSIT PI FAL HYGI	100		ns, if any, wl		(b)												
×	SASEZO SASEZO		cause (a)	stating the un		< -/	OR AS A CO	ONSEQUENCE	OF									
201	ECUTED WITHINGS." IN PENCIL IN AL EXAMINER OF EXAMINER OF TRANS ON MENTAL HAND MENTAL HAND OF REM		lying cau	se last.		(c)_												
DIVISION OF VITAL RECORDS,	CRRIFICATE SHOULD BE EXECUTE! TING THE WORD "PENDING" IN FORD TO THE CHIEF MEDICAL EXA 23 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIT PRIOR TO BURIAL, CREMATION,	1	PART 2 OTHER SI	GNIFICANT CONDIT	TIONS CONT	RIBUTING TO DI	ATH BUT NOT RE	ELATEO TO THE TER	MINAL DISEAS	E OR CONOITIO	N GIVEN IN PA	RT 1 (a)						
0	AND	MEDICAL CERTIFICATION																
AL R	SHOULD ORD "P CHIEF E USED T OF HE URIAL,	ICA	19a. DATE OF	OPERATION		196 CO	NDITION FO	R WHICH OPE	RATION W	'AS PERFOR	MED?						AUTOPSY?	
TIV.	PE SE CASE	FRT	21a EXTERNA	L CAUSE WAS	S	21h TIAA	E OF INJURY		121c H	OW INTITIES	OCCUPPE	D CENTER	NATURE OF IN	NI HOLV IN LITERA	A 18 PART I OR P		YES 🔀	но 🗌
Ō	THE WENT THE W	AL CI		G □ CAUSE			THOMXINCK		R			D TEINIER	INATORE OF H	NJOK) IN HEM	(TO PART T OK P	AR1 2)		
Sio	SHO TO TO	DIC.	21d. INJURY C		OFDEA	21e PLA	CE OF INJU	RY (AT HOME,	21f LO	CATION	SHOC			_				
VIQ	INER: THIS CERTIFICATE. ICATE, WRITING THE WO F CORWARDED TO THE TOR: PAGE 3 SHOULD B THE STATE DEPARTMENT AND, 21201 PRIOR TO B	¥	WHILE AT WORK	NOT WHILE	K	STREET	home	, ETC.)		OO HO	llv G	rove	Rd.		, Bal	time	ore.	MD
	E TH TE, V RW/ RW/ PRW/ PRW/ PRW/ PRW/ PRW/ PRW/ P			fy that I taak c	h = r = 0 of	the semains		hava hald	Autap	N)	Inspectio		Inquiry				10,	110
	A STATE		death results	,	Natural c		Accider		vicide		inspection		ermined m		and in my o	pinian		
	KAN ERTIE D B WITH ARY			11	-	Ń	1//		oleide	TITLE (S		Olider	crimied ii	ilassici				
	ALE HECOUNTY TH. N		ACTUAL SIGNATURE	Mule	me	10	eyen	ele	N	ASSI		t_MED	ICAL EXA	MINER	DATE	JED C	9/6/87	7
	NER STEEL		EVAMANED'S	NIAME	,		196 128											
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STIRMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRII	VI) Ma				11, M.I		ADDRESS_	111 1				Bal	to.,	MD.	
07/84	BP	{:	Buria.	1		9/9/87	23a	NAME OF CE	METERY C	emete:	ry	Mi'c	ddie		r Balt			
25M	DHMH - 17		UNERAL DIREC			ADD	RESS				250. SAE	BY BY	M987	AR July	EGISTAR'S	SIGN	URF	1
	(VR A15 ME (5))		onnelly	Funera	1 Hom	a 300	Mace	Atro 21	221					4				

(

No. Person

HOLLIS

- STATE

REGISTRAR LEVEASED NAME

CALL OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR NOR MAN LILLIAM 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYPAR Dec. 18.T'900 YEAR YRS. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRWestern Assist. Adm. Officer Electric 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3 Southerly Ct. NO X 21204 15. MOTHER'S MAIDEN NAME Lilv Spring ADDRESS 17. INFORMANT Ivah M. Norman Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 21f. LOCATION CITY OF TOWN COUNTY STATE , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 27/ DATE SKINED ATTENDING. PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL CREMATION, REMOVAL Burial Oct. 2,1987

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem.

ADDRESS 6500 York Rd.

23d. LOCATION TITY OF TOWN

Timonium, Balto, Co. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND DESIGNATION FOR THE PROPERTY OF TH

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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067104 SEP	วล	JOHN	JOSE NUT		DEPARTA		OF MARYLAND	HYGIENE		419	1 0	
001104 361		REGISTRAR	NUT			CERTIF	ICATE OF DEATH	8	REG. NO		. 6	
ay be loge 3 death		CEASED NAME OR PRINT)	oliv	/ •	JOSEPH	N	ith	20. DA1	E OF DEATH Z	The 26	1987 26 HOU	JR M
ector, po	3. SE	MALE	4	WHI	ΓE	5. DATE C 1 2month	OF BIRTH	6 AGE	(IN YEARS LAST BIRTH	DAY) IF UN	DER I YEAR IF UNDER	R 24 HRS
01135		RTHPLACE (STATE ORFO	DREIGN 71	US.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		IMORE CITY OR LTIMORE			MD.
		TY OR TOWN OF DEA	ζ	719	ROCKAWAY	ADDRESS)	CH RD	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF S	WORKING LIFE) IT	REKIND OF BUSINE NDUSTRY ALBAN TE	RACT
EALTIMORE, MARYLAND 2120 cote be executed within 24 hours system and completely filled in to opers. Poges 1 pind 2 should the woll. ii, the medical examin	13a. S	AL RESIDENCE (IF NURSI TATE MD	13b. COUNT	TIMOR	13c. CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS YES NO X		EET ADDRESS / 9 ROCK A		21221 EACH RD	
maletely maletely example		THER'S NAME FIRST BERNARD	H	ODIE N	UTH LAST		15. MOTHER'S MAIDEN FIRST ROSE	NAME -	WIDDIE	SCHI	NDLER	
e execut n ond co Poges 1		VAS DECEASED EVER I		ED FORCES? WAR OR DATES!	2122692		RUTH M.	NUTH	ADDRES	s ROCKAW	AY BEACH	H RD
		18 CAUSE OF DEATH PART I. DEATH W.		BY:	Condi	D re	spirator	er a	mest		APPROXIMATE INTER	RVAL DEATH
STON S leoth cer		Conditions, if ony,			OR AS ACONSEQUE	NCE OF	Spince	10 00	rd me	tastasi	5	
W. PRE chat the chat the chat the control		gave rise to imm couse (a), stating underlying cause	g the	DUE TO, C	OR AS A CONSEQUE	NCE OF	ant m	elano	ma			
tos, 201	NO	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS C	ontributing to I	DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS	SEASE OR COND	ITION GIVEN I	V PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN The law requires that the death certific a citerading physician. Wher this certificate has been signed by reminenting the os the burial-transit permit. Then please are considered in and Mental Hygiene prior to burial, conteed or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, an other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows and injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury, and other corked or them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?		RE FINDINGS USED CAUSES OF DEAT NO	TH?
N OF VITA SICIAN TH ng physicic certificate rial-transit ental Hygie		21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE ATE		OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OC	CURRED (EN	TER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
DING PHYSIC or offending After this cere to she burion alth and Ment morked or her	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
PATTENDIN Hospital or a RECTOR: Aft RECTOR: Aft pp. of Health em 21 is more		22a certify that (1) sow the decease	d olive	ol) ottended the	19	, or	, 19, 19	nion death oc			that (1) (1)	
the hor to Direction of the hor to Depth of the Depth of		226. SIGNATURE	100	nav	Jule	ex	DEGREE ATTENDIN PHYSICIA	G MEDI	CAL STAFE		9/28/8-	7
TO HOSPITAL retained by the TO FUNERAL should be deto with the State with the State		22d. PHYSICIAN HA	oma Oma	4	Week		22e ADDRESS 22 5	. a	ceere	St.	Bolto	
	23a E	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO		LOCATION CITY OR TOWN			STATE
BP	24 FI	BURIAL JNERAD DIRECTOR	//	09/	29/87 но	LLY	HILLS 250		BALTO BY REGISTRAR 2			MD
DHMH - 16 60M 7/84 (VRA 15, 4)	4	Laft & El	1-64	Cor	(Li	Cler	ac S	FP20	1987	Julia Des	iden-Randa	A.D.

DHMH - 16 60M 7/8 (VRA 15, 4)

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STATE OF MAKTLAND												
EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE							
CEI	DT	IFIC ATI	TO	DEATH								

	97	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 7	REG. NG	2 5	2 !	7
. 1		CEASED NAME OR PRINT)	MARY	У	L.	OA	s ks	Septe		MO10:9	8 87	12.01 AM
	3. SEX	Female		4 RACE Black		5. DATE C	DAY YEAR	6 AGE (INY	EARS LAST BIRT	HDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	C	RTHPLACE (STATE OR F COUNTRY) [aryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED XX			R COUNT	Y OF DEATH	
5	10. CI	TY OR TOWN OF DEA		11. NAME OF H	H FACILITY, GIVE STREET	G HOME C	or other institution neral Hospital	126 USUAL	K FOR MOST OF	NC	126. KIND C	MD. DF BUSINESS OR red
5	130 S Ma	ryland	13b. COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130 STREET / 3820	ADDRESS / McDot	zip coc logh	Road 2	1133
0	14. FA	THER'S NAME FIRST Marion		WIDDIE	0aks		15. MOTHER'S MAIDEN NA/ Ida	WE	B.		Ö	aks
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECUI 219-38-56		Sarita M. Mu	ırray	3820		nogh Rd	. 21133
	TION	Conditions, if any, gove rise to imm cause (a), stoting underlying cause	which nediate of the last.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM					
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	NO NO	IN CERT	ES, WERE FINDI IFYING CAUSES (ES]	
7	MEDICAL CE	210, ACCIDENT WAS UND OR CONTRIBUTING 6 (IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR! WHILE NOT WHAT WORK AT WO	CAUSE OF DEA	HOUR A P.: 21e. PLACE	m. month da m.	19	211 LOCATION STREET	RED (ENTERNA	CITY OR TO		PART I OR PART 2]	STATE
		220. I certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	ed alive an	9/8	19_		DEGREE HO ATTENDING PHYSICIAN	MEDICAL	ed on the do	F _/		
/		22d. PHYSICIAN'S NA	BOST	1			22e ADDRESS		3.87			
	Í	SURIAL, CREMATION, SPECIFY) BUrial	REMOVAL	236. DATE 9-12-8			EMETERY OR CREMATORY S Memorial Pk		utus,		imore C	
4		INERAL DIRECTOR Marshall W	. Jon	es,Jr. 1	FH 4101 ESSE	dmond		8 - 1	egistrar 987	1 -	Deriden.	A

X800 | 8 932

njury, or other traum

MPORTANT: If Hem 21 is morked or Nem 18 shows any

160

MEDICAL CERTIFICATION

230 BURIAL, CREMATION, REMOVAL

Cremation

067150

FOR		DEBARTI		E OF MARYLAND	VOIENE			
30 de Prar		DEFARIA		FICATE OF DEATH	8	REG. NO	5 2 2	2 0
CEASED NAME	FIRST	MIDDLE	L	LAST	20. DA	TE OF DEATH MONTH	H DAY YEAR	R 2b. HOUR
An	ngela	Ganster		O'Connor		Sept.	27 198	7 M
X	4. RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DA	
Female	Whi	ite	Oct			57	YRS MONTHS DA	NO NO NO.
IRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8	ED NEVER MARRIED	9 BALT	TIMORE CITY OR COL	UNTY OF DEATH	1
Maryland	US	Α	WIDOWE			Baltimore Co	ounty	MD.
ITY OR TOWN OF DEATH	TH 11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a US	SUAL OCCUPATION	12b KINE	D OF BUSINESS OR
utherville	13 D	Dublin Dr	·., 21	1093		eacher		cation
	Baltimore	134. CITY OR TOWN	/N	13d. INSIDE CITY LIMITS?		REET ADDRESS / ZIP C		93
ATHER'S NAME FIRST	Howard	Ganste	er	15. MOTHER'S MAIDEN N	JAME	S. MIDDLE	Sheel	han
WAS DECEASED EVER IN		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		1204
NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	217-26-	1298	James D.	O'Con	nor, 512 C		
Conditions, if only, gove rise to imme couse (a), stating underlying couse	which (b)	PR AS A CONSEQUE	ent.	monay as	2		7 ,	nouth,
PART 2 OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	T NOT RELATED TO THE TE	RMINAL DI	SEASE OR CONDITION	N GIVEN IN PART	110
19a DATE OF OPERATION	ON 196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a YES		IF YES, WERE FIN CERTIFYING CAUS YES	
21g ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH HOUR A.I	.M. MONTH DA	AY YEAR		URRED (EN	ITER NATURE OF INJURY IN ITE	EM IS PART I OR PART	2}
21d INJURY OCCURRE	LAT HOME STR	OF INJURY	EADAN ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AT WORK NOT WHILE	3.0		Alivi					
sow the deceased	(this hospital) attended the days of the analysid) (did not) view the body	WC 25 19	0.0	ond that in (my) (our) opinion	on death oc		. 3. /	the causes stated
226. SIGNATURE	D. R. H.	MARC		DEGREE ATTENDING PHYSICIAN		ICAL STAFF	22c. DA	ATE SIGNED
22d PHYSICIAN'S NAM	ME (TYPE OR POINT)	COULT	3	22e ADDRESS	U DIKE	-IOK - FHISICIAN	X My	M Merc Soull
	Miller, M.D.			Johr	ns Ho	pkins Hosp	pital	

231. NAME OF CEMETERY OR CREMATORY

Westview Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

Bryan W. Clary, 10/W. Padonia Rd.

236 DATE

9/28/87

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 2 9 1987 Auto Devider Parket

Md.

Balto.

Catonsville

and the second of the second of the second of

	-		FOR		DEDART		E OF MARYLAND	IFAIF	-	
4838	SEP -	87	STATE REGISTRAR		DEPAKI		ICATE OF DEATH	8 / REG. NO.	5 %	de
			CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MON	TH DAY YE	AR 26 HOUR
by be oge 3 death		11116	ESTE	LLE	M.	OPF	ENHEIMER	Sept. 1,	57	9 M
may pag		3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY		
ge 4			FEMALE	CALL	CASIAN	MAY	20, 1906	81	YRS	DAYS HOURS MIN.
Poo Poo	18 32		THPLACE STATE OR FOREIGN		WHAT COUNTRY	B	D NEVER MARRIED XX	9 BALTIMORE CITY OR CO	OUNTY OF DEAT	Н
Perol 172	ud.	2	MARYLAND	U	.S.A.	WIDOWE		BALTIMORE	COUNTY	MD.
1 34	18	Jer'⊂I	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KI	ND OF BUSINESS OR
rs offer	25		RANDALLSTOWN	BALTI		TY GEN	ERAL HOSPITAL	TYPE OF WORK FOR MOST OF WOR	RKING LIFE) FNDUS	NONE
filled in	36	13a. S	L RESIDENCE (IF NURSING NOME O TATE MARYLAND	R OTHER INSTITUTION NTY	134 CITY OR TOY BALTIN	MORE	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF 3623 W. GA	CODE RRISON A	VE. 21215
tely 2 sh	200	14. FA	THER'S NAME	ALDOLE.	- LASI		15 MOTHER'S MAIDEN NA	WE	00000	or stable for the grown area.
y ba	20		MÖRRIS	WIDDLE	OPPE	NHE IME	R LENA	Model	OPPEN	HEIMER
d co	icol		AS DECEASED EVER IN U.S. AF		16h SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
E & 600	medi	1	ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			LEE OPPENHEI	MER 7017 WALL	IS AVE.	21215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKYLAND 2120 IN OR PHYSICIAN: The low requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by a the bruin-Intrast permit. Then please remove colonopapers. Pages, Yand 2 should by filled and wandel Hamises activity to the please remove colonopapers.	ather traumatic eve		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	OR AS A CONSEQU	phi	cemid			
RDS, 20 equires t asgned Then ple	injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS			NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITIO	ON GIVEN IN PA	RT 110 .
he law r an. has bee	ws ony	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	+ OPERATIO	ON WAS PERFORMED		IF YES, WERE F CERTIFYING CA YES	INDINGS USED USES OF DEATH?
SICIAN: T 19 physici recentificate rial-transi	hem 18 sp		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.m. month (AY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPA	RT 2)
NG PHYS Defending The this Desire the but Desired AM	orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	216. LOCATION STREET	CITY OR TOWN	COUN	TY STATE
XTTENDIN	21 is mo		220.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (did n			01	nd that in (my) (aur) apınıan	death accurred an the date of	ind hour and from	that (I) (we) last the causes stated
At OR A y the has At Directed	JT: If hem		22b. SIGNATURE	Com	Just and	end,		MEDICAL STAFF DIRECTOR PHYSICIAN	X	7-1-87
TO HOSPITAL retained by th TO FUNERAL should be dete	MPORTANT		CHA38EM		LMOTA	BOE	220 ADDRESS Galta.	Country 6	Zen.	Hospital
7 a 1 s	3 ≤		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP			BURIAL	9/2/	'87 H	EBREW	FRIENDSHIP CH		COUNTY	MD

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., NIC. 6010 REISTERSTOWN RD. BALTO, MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPARTM	ENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE 87	REG.	n6:	ີ	2 2	d se	
	L	AST		20 DATE	OF DEATH	HINOM	DAY	YEAR	2b HOUR	
	os	ING		14		09	24	87	2:50	рм
	S. DATE C		YEAR 98	6 AGE IN		BIRTHDAY)	MONTE	DER I YEAR	IF UNDER 24 H	RS IN
COUNTRY?	MARRIEI WIDOWE		RRIED -		ORE CITY	OR COUNTY	COUN			MD.
Y, GIVE STREET		HOME	UTION			T OF WORKIN	G LIFE) IN	NDUSTRY	F BUSINESS ECOUR	OR
TY OR TOWI	V	13d. INSIDE CITY	LIMITS?	13e.STREET 4216		S / ZIP CO		VE.	21229	
NES		15. MOTHER'S A ELI			MIDDLE M.			WINT		
7-03-9		MARY E		SBUŖY	4	RESS 216 CO ALTIMO	ONNE	CTICU MD. 2	T AVEN	IUE
verw	selen	the Car	nde la	beculu	n die	we			MATE INTERVAL ONSET AND DEA	ÎH
CONSEQUE	NCE OF									
CONSEQUE	NCE OF									Į.
UTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEA	SE OR CO	NDITION	GIVEN I	V PART 10		=

CERTIFICATION

underlying couse

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

COUNTRY

4 FATHER'S NAME

FEMALE

MARYLAND

MARYLAND

GEORGE

(YES, NO OR UNKNOWN)

NO

CATONSVILLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which

gove rise to immediate couse (o), stating

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RES 130 STATE 130 COUNTY 131. C

18 CAUSE OF DEATH (Enter only one couse per line to

lost.

TO BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

3. SEX

FIRST

MADELINE

4. RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (D).

MIDDLE

E

WHITE

76 CITIZEN OF WHAT

U.S.A.

NAME OF HOSPIT

(IF NOT IN SUCH FACILIT

DUE TO, OR AS A

DUE TO, OR AS A

P.M

21e PLACE OF INJURY

(b).

BA

J(

217

ST. JOSEPI

216. TIME OF INJURY MONTH DAY YEAR HOUR A.M.

(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY

STATE

NO [

NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from

M.D.

236. DATE

09/26/87

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED

CITY OR TOWN

DEGREE STAFF ATTENDING MEDICAL PHYSICIAN. DIRECTOR PHYSICIAN

72e ADDRESS SUITE 20 OLD FREDERICK ROAD, BALTIMORE, MD.21229 5411

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

776. SIGNATURE

HARRY

23c NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEMETERY

21f LOCATION

BALTIMORE

MARYLAND

REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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HOSPITAL

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MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	B O TATE REGISTRAR			CERTIF	ICATE OF DEATH	8 7	REG. NO. 2	5 2	2 3
I	I DECEASED NAME FIRST		AIDDLE		AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
ı	Lilli	an V	•	O'To	∞le	Septemb	per 9, 198	7	930 PM
I	3. SEX	4 RACE		5. DATE C		6 AGE INYEA		IF UNDER 1 YEAR	IF UNDER 24 HRS
I	Female	White		Augi	ust 10, 1922	65			, TOOKS MIN
1	TO BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	A A P P I F	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
4	Maryland	USA		WIDOWE		Balt	imore Cou	nty	MD
	Fort Howard	(IF NOT IN SUCE	OSPITAL, NURSING HEACILITY, GIVE STREET A POPLAR RO	DDRESS)	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FOR Shippi	CUPATION OR MOST OF WORKING LIFT ING Clerk	176 KIND C INDUSTRY Fort	F BUSINESS OR Holabir
0	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU Maryland Ba		ISE CITY OR TOWN	١ _	134 INSIDE CITY LIMITS? YES NOVER	13e STREET AD 2601 I	odress / ZIP CODE Poplar Roa	d 210	52
1	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE	1.65	. 7
	Carroll	V.	Simmon	s	Marie			Young	ger
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT		ADDRESS		
1	No	WAN OR DATES	215-12-7	817	Daniel J. (O'Toole	2601 Pop	lar Ro	ad 21052
1	18 CAUSE OF DEATH (Enter of	nly ane cause per	line for ray, (b), and	l (C)				APPROX	IMATE INTERVAL ONSET AND DEATH
ı	PART I. DEATH WAS CAUS	ED BY TE CAUSE (a)	0 /		cinoma 0	F UL	Khown		
	Conditions, if any, which gave rise to immediate cause (a), staffing the underlying cause last.	(b)	R AS A CONSEQUE	I wa a a	Medias Tim		To LIVER	5 4	04745
	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE (OR CONDITION GIVI	EN IN PART 10	a
9	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	YES D		, WERE FINDIN YING CAUSES	
	00.00	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATU	RE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
	GIF EITHER NOTIFY MEDICAL EXAMINE ONCONTRIBUTING	21e PLACE (OF INJURY EET FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTA	STATE
	22a.1 certify that (1) (this hasp saw the deceased olive o abave, (1) (we) (did) (did n	August	19 8	7,01	nd that in (my) (our) opinion (deoth accurred	on the date and hau		that (1) (we) last couses stated
	276. SIGNATURE	Do	Coly			MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 1/87
	Mayer	GOLG.	aty and	>	95 Aguar	hartn	d. Glez	Bucci	e 40 210
	23a BURIAL, CREMATION, REMOVA	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATI		COUNTY	STATE

TO FUNERAL DIRECTOR: After this

DHMH - 16 60M 7/84

should be detoched for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

IMPORTANT: If them 21 is morked or them 18 shows ony

Burial

24 FUNERAL DIRECTOR

(VRA 15, 4)

9-12-87 Oak Lawn

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

Baltimore Maryland

Julia Division. Rondoca



STATE OF MARYLAND 065602 SEP 15187 STA DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH - REGISTRAR I. DECEASED NAME 20 DATE KNOW (TYPE OR PRINT) OF ESTI-DEATH MATE Laura DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) DEAD 27. 1905 82 Female White Aug. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore County

Representation of Business WIDOWED DIVORCED Maryland USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutherville 6 Wendslow Place Cosmetalogist Beauty Shop USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO X Wendslow Place Maryland utherville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Milford Robinson Anna Va Dulin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 6 Wendslow Place ECUTE THE CERTIFICATE, WRITING THE WORD "ELEDING" IN THEM 18. GIVE PA CRE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMPLER ALONG WITH FOR PUREAL DIRECTOR, PAGE 3 SHOULD BE USED A BURIAL FOR SINST PERMIT, PAGES 1 FER BURIAL WITH THE STATE DEPARTMENT OF HE THAT D (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Jovce Schrover Lutherville MD No 213-28-9355 21093 18 CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONJUDILENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.} STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes death resulted fram; Suicide Hamicide Undetermined manner __MEDICAL EXAMINER EXECUTE PAGE 4 EXAMINER'S NAME (TYPE OR PRINT) AP 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 9/5/87 Sand Spring Cemetery Friendsville. Garrett 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Grantsville, MD

DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLANI)
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/ /	A:	16 P.0.7	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE		
2 2 0		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	250	20
	1. DEC	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEA	AR 26. HOUR
		ORPRINT) MARY	A.	PARPEH		9 21 8	7 4:29
	1 SE)		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TY	YEAR IF UNDER 2
		FEMALE	WHITE	MONTH DAY YEAR	70	YRS MONTHS D	DAYS HOURS
01		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	2 8	9. BALTIMORE CITY O		Н
27		COUNTRY] MB	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	BALT	HORE	
270	19. CI	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		ND OF BUSINES
40	2	BALTIMORES	S. BALTIHORE	GEW, HOSP,	HOUSE WI	FE	IKI
1201	13a, S	AL RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNTY	Y . I I 3 CLTY OR TO	ORBADMISSION) WIN A 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	1155-
RO	1	MD AWWA	RUNDEAS PASAL	LNA YES NO	8349 KITC	CHIE HG	WZ
- A	14 80	THER'S NAME FIRST MI	DDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE		LAST
10	0	HORRIS	300	T MARY		DAN	NER
10	léa V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SEG		ADDRE		0 1
11	A	U-UNK - U	ルド 2/2-07-	5661 HOSY, XECUX	BS 3001 S. A		DIIDI
0 0		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b),	and (c)	0 =		PROXIMATE INTERV
eve		IMMEDIATE		IXATOXY FAIL	WUKE		2 DAYS
20 A			DUE TO, OR AS A CONSEQ	VENCE OF PARTIES IN	. A.		
notice and		Canditians, if any, which gave rise to immediate	(b) COT	D, THEUHUN	IPC		
0 5		cause (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF A - 01			
5.2		underlying cause last	C In	10010 92 70 111	FILMONIA		
or other		underlying cause last.	DUE TO, OR AS A CONSEQ		ENHONIA		2.1
ner precier of burner, or othe	Z		(6)	DEATH BUT NOT RELATED TO THE TE		DITION GIVEN IN PAR	Rî lia
no then please rior to be trained, con the trained or the trained	ATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CON	20b. IF YES, WERE FI	INDINGS USED
permit. Then please in the prior to burial, one was dry injury, or other	IFICATION		ONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH
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SEVERNA PARK, MD. 21146

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VILLUO ESCALTINE

STATE OF THE PARTY
TOMSON GENC-ETCH N. CHARLES ST.

CHARLES O'DOMNELL, M. D. / TOWSON, MO.

OCT 01 1987 July Tolan Pulus

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Peppler 26. HOUR IF UNDER 1 YEAR YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ITYPE OF WORK FOR MOST OF WORKING LIFE) Social Warker 13e STREET ADDRESS / ZIP CODE Pa. 17363 13d. INSIDE CITY LIMITS? 32 Oakwood Heights R. 15 MOTHER'S MAIDEN NAME Thalheimer Florence ADDRESS 17. INFORMANT 21085 Elisabeth Barry, 313 Foster Knoll Dr. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) 211 LOCATION COUNTY STATE and that in (my) (aur) opinion death accurred an the date and hour and fram the causes stated DEGREE 22c DATE SIGNED MEDICAL DIRECTOR 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

10 W. Padonia Rd., 21098 SEP

9/10/87

St. John the Baptist Cem. New Freedom York So. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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may be

	FOR			DEPARTA		E OF MARYLAND BEALTH AND MENTAL H	YGIENE					
87	REGISTRAR					ICATE OF DEATH	8	/ REG. N	2 5	2 .	3 0	
	CE ASED NAME OR PRINT)	Stelle	a - *	MIDDLE	ı	Perrin	20. DATE	OF DEATH - 14	-	DAY YEAR	615	
3. SEX	A.	1	RACE		5. DATE C		6 AGE	IN YEARS LAST BIR		IF UNDER I YEAR		R 24 HRS
1	Female		White		Apri				YRS.		11005	Mild
	RTHPLACE STATE OR F	OREIGN 76		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	<u>a</u>	MORE CITY O				
100	lassachus		U.S		WIDOWE			Baltin				MD.
2	21234		MERID:	TAN LOCK	ADDRESS) H RAV	VEN	(TYPE OF W	ALOCCUPATI WORK FOR MOST O Keepel	OF WORKING LIF			ESS OR
130. S Ma	aryland	ING HOME OF OIL	Y	Baltimo	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	56	ET ADDRESS		ven B	lvd.	21239
	ATHER'S NAME FIRST Michael	MI	IDDLE	Perrin		May	VAME	WIDDLE		LA	AST	
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRI	ESS			
	No			215-07-9	9142	Edward M.	Perr	in Coc	ckeys			
	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	MMEDIATE which nediate ig the last.	BY: CAUSE [a) DUE TO, OF (b) DUE TO, OF	R AS A CONSEQUE	NCE OF	atic C					XIMATÉ INTE NONSET AND) DEATH
NOL		OF	0,	æ	Tie	NOT RELATED TO THE TEN			DITION GIV	EN IN PART 1	10	
CERTIFICATION	190 DATE OF OPERAT		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL	UTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE S		TH?
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	R NATURE OF INJU	RY IN ITEM 18 P	PART TORPART 2)		
MED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	IILE 🗍	21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY		STATE
	226.1 certify that (1)) ottended the	e deceosed from		. 19	to			19		
	sow the decease above, (I) (we) (d		view the body	ofter death.		nd that in (my) (our) apinio	on death occu	irred on the di	ote and hou			oted
	22b. SIGN ATURE	m	in	ich.				AL STAI		22c DATE	SIGNED	6
	22d. PHYSICIAN'S NA		PRINT)	DITT	7 \	22e ADDRESS			4-33		with.	

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traumatic event, th

23a BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION 15, 187

23c. NAME OF CEMETERY OR CREMATORY GREEN MOUNT

1 ERY BAI

24 FUNERAL DIRECTOR
WILLIAM E JOHNSON8521 LOCH RAVEN BLVD.

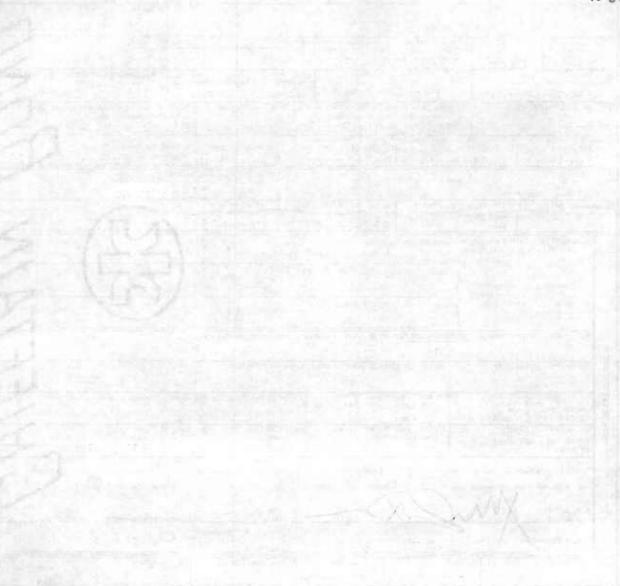
CEMETERY BALTIMORE, MARYLAND

1250 DATE REC'D BY REGISTRAR'S SIGNATURE

SEP 15 1987

Line Devices Redistration Redistratio

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			DUE TO, OR AS A CONSEQUENCE OF															
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	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE H TO FUNNERAL DIRECTO AFTER DEATH BALTIMORE, MARYLAN		TYPE OR PR	141						ADDRESS_					-			
	70-	- 0	URIAL, CREMA					NAME OF CEME				CITY	OCATION			COUNTY		STATE
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20. DATE OF DEATH MONTH DAY 2b HOUR 9/2/87 IF UNDER 24 HRS AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County DIVORCED | 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Commercia Retired Accountant 21239 13e.STREET ADDRESS / ZIP CODE 5644 C. Woodmant Avenue NO [LAST Emma Carlson 17 INFORMANT Mr. Ronald Peterson 200 Leslie Avenue Baltimore Maryland 21236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN 01-2 . 19 3 and that in (my) (our) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Moreland Memorial Park 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown Maryland 21133

230 BURIAL CREMATION REMOVAL

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23c NAME OF CEMETERY OR CREMATORY

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND ADTMENT OF BEALTH AND MENTAL BYCIEN

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with the State Dept. of Health and Mental Hygiene prior

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked as

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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DHMH - 16 50M 4/83		NAME		ADDRESS			SEP 8 REGIN	O PAR REGIS	IKAK S SIGNA	Mar Kandall
(VRA 15, 4)	Du	da-Ruck, Inc.	/922 Wis	e Ave. Ba	alto Md 21	222				

Veterans _

ad Lilly Dickenson

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	FOR	
4	STATE	
1	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REO NO.	~	-		

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DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director tchell-Wi		ld Home	6500 Y	ork Road	21212 SEP	1 4 1987 Aud	256. REGISTRAR'S SI	

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FOR 1 - STATE REGISTRAR REGISTRAR REGISTRAR (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

25239 REG. NO.

9 3	4 1 SEP 28	187	ASED NAME	FIRST		MIDDLE	1.A	ST	Ze. DATE		NIH DAY	YEAR 26 HOUR
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ON.	12 2 3 M	A FATE	HER'S NAME		MIDDLE	LAST	i	MOTHER'S MAID	ENNAME	IDDIE	LAS	ST
W.	519 Z Z	/	Josep	h W	ilson	Plummer		Alice	Mar	Le	Oden	
OW	MANA A	16a WA	S DECEASEL	EVER IN U.S. ARA		166. SOCIAL SECUR	ITY NO.	INFORMANT		ADDRESS N	Md. 210	85
ALT	A AGE	1	no			215-40-75	93	Ellen R.P.	lummer, 1	703 Shirl	ev Ave	Joppa.
	S S S S S	1	8 CAUSE OF	F DEATH (Enter anl	ly ane cause per line	e far (a), (b), and (c).)					APPR	OXIMATE INTERVAL EN ONSET AND DEATH
20	PRESENT.	7	PARTIDE	ATH WAS CAUSED	BY: TE CAUSE (a) MI	ultiple inj	uries					
10	AEGES	1	8141	, indicolini		AS A CONSEQUENCE						5112
2	E SESSE			s, if any, which	(h)						-	
*	WANTE S		couse (a)	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
201	N. N. A.		lying cau	se last.	(6)						300	
08	SAEKSA	7	ART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE O	R CONDITION GIVEN IN PA	ART 1 (a)			
8	S A KEN	NO										
LRE	0 2 3 3 T	FICATION	90 DATE OF	OPERATION	19b. COND	TION FOR WHICH OP	ERATION WAS	PERFORMED?			20 AU	TOPSY?
Y.	NORD NORD NI OF BUSIN										YES	s X NO 🗆
JF V	THE WOLLD BE ARTWENT TO BUT BE	1.3		L CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YE	21c HOV	V INJURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)	
NO	SE S		INDERLYING CONTRIBUTION	G CAUSE OF I	DEATH 9:55	x 9 23 19 8	7 Fla	gman stru	ick by dum	p truck		
/ISIO	DEPA 3 SH	S 7	14 INTURY C	CCURRED	21e PLACE	OF INJURY (AT HOME,	ZII LOCA	TION	CITY 00 10			*****
ē	T /SEG SEG	2	WHILE AT WORK	NOT WHILE C	ro	_	Eben	ezer Rd n	r. BirdRi	ver Rd, E	SSEX, Ba	alto, MD.
	T PAN STA				- Cat		Autapsy	X, Inspection			ny apinian	
	MQS QTE					Accident X					iy apınıan	
	AMA REC BE		death resulte	d from Natur	al causes .	Accident LAI,	D A	Hamicide	Undetermined mi	inner [_],		
	X85224		ACTUAL	West	11 7	all 4	+ W.	TITLE (SPECIFY) Assistant		D.	ATE 9/	/23/87
	SERRET	S	GNATURE_	7		V	- I-MAD	ASSIStant	MEDICAL EXAM	TINER SI	GNED	23/07
	A NOW		XAMINER'S	NAME Ma	ario F. G	olle, Jr, I	M.D.	DDRESS	lll Penn	St.	Ba	alto.MD
	PAC PAC AFT BALL	23a.BUR	RIAL, CREMAT	ION, REMOVAL 2		23c. NAME OF C			23d LOCATION		COUNTY	STATE
07/84	BP	(SPE	Bur.	ial Sen	t. 26,198	Bel Air	Memor	ial Garde			ford	Md.
25M	DHMH - 17		VERAL DIREC	TOR				75a DATE	REC'D. BY REGISTRA	R 256 REGISTRA	R'S SIGNATUR	RE
	/VP A 15 AAF (5))	How	ard K.	. McComas	TII. Abi	nodon, Md.	21009	SEP	25 1027	Julia No	order Pa	adall

SEP 2.5

INDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	The state of the s	R. After this certificate has been signed by the ottending physician and campletely med in by the funeral director, page 3	Then please remove calbanbags is. Pages 1 and 2 and to be filed with 172 hours after death	Company of company
NDING PHYSICIAN: The law requ	ol or attending physician.	R. After this certificate has been significant	use as the bunal-transit permit. The	Control of the same of the sam

0 6	5 3	75	SEE	SALE BT REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO.2 5	240
noy be	. poge 3 er deoth			CEASED NAME FIRST MANY	Chire I RACE	Pokansky S. Date of Birth	September 8	1987 9:49 AM H UNDER I YEAR IF UNDER 24 MRS
th. Poge 4	gal director. 72 hours afte	25		RTHPLACE ISTATE OR FOREIGN COUNTRY)	CAUCASAN CITIZEN OF WHAT COUNTRY?	MONTH 6 1948 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
rs ofter dea	by the fune		Be	altimore	1 Stockmill Ra	acl Apt-13 (21208)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFT HOUSEWIFE	Domestic
ithin 24 hou	sely Illed in	15	13a S	aryland Bah	THE INSTITUTION GIVE RESIDENCE BEFORE Y INDOTE PIKESVII NODLE LAST	N 13d INSIDE CITY LIMITS? YES 1 NO NOTHER'S MAIDEN NAMED IN NAMED	13e STREET ADDRESS / ZIP CODE // STOCKMIII Pd. ME MIDDLE	ApT. B- 21208
e executed w	Pages I and	medicol xoppe		Goduv NAS DECEASED EVER IN U.S. ARA	Chircu.	RITYNO. 17 INFORMANT 6007 Sidney Pola	ADDRESS APT.	Pincus Bill Pd 21208
th certificate b	ndrig physiciar	notic event, the		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), an) BY: • CAUSE (a) OT S A CONSEQUE	clar Drite	2/2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the dec	d by the ofference	al, cremotial		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) C S S A CONSEQUI		100016	
v requires	een sig	nor to bur injury,	ATION	PART 2 OTHER SIGNIFICANT C	cerenss	DEATH BUT NOT RELATED TO THE TERM		EN IN PART 110
I. The lay	hos	Hygiene pr	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1-1-2-10-10-12		YING CAUSES OF DEATH? NO ART T OR PART 2)
HYSICIAN	s certification	Mental ar Item	MEDICAL O	OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
DING Pr	. After th	morked	W	while NOT WHILE AT WORK 22a.1 certify that (I) (this hospit		911 1980	2, to 9/8	19 that (l) (30) last
A ATTEN	hed for u	tept, at H		sow the deceased alive an above, (I) (we) (did) told not 22b. SIGNATURE		DEGREE	death occurred on the date and hou	27c DATE SIGNED
OSPITAL C	UNERAL D	RTANT: #		224 PHYSICIAN'S NAME ITYPE OF	(PRINT)	ATTENDING PHYSICIAN LIZE ADDRESS	MEDICAL STAFF PHYSICIAN	1818)

Shoul With MPO AATORY

1/1, Soc. Dundalk Batto MD.

1250 DATE REC'D. BY REGISTRAR 235 REGISTRAR 5 GIGNATURA COUNTY.

SEP 10 1987 Julia Dundar Radion Radion. 230 BURIAL, CREMATION, REMOVAL 236. DATE 24 FUNERAL DIRECTOR HEBrew Memorial F.H., INC-1100 RED EISTOWN Rd 21208 DHMH - 16 50M 4/83 (VRA 15, 4)

MARYLAND 21201	executed within 24 hours after death. P	ompletely filled in by the funeral di firm? should be flud titles in experimental be self if at all con-	10 CI 130 S N	RIMPLACE (STATE OR COUNTRY) POLAND ITY OR TOWN OF DE. BALTIMORI AL RESIDENCE (IF NUR! STATE MARYLAND ATHER'S NAME FIRST ME IR	E SING HOME 13b CO BA
MORE,	e execut	Poges 1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages I crib 2 should be list with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. MPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumotic event, the medical exaggines movible refirm that	MEDICAL CERTIFICATION	PART 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 21d. INJURY OCCUR WHILE NOT WAT WOR. 22a. I certify that (I saw the second operation of the second operation of the second operation) 22b. SIGNATURE 22d PHYSIL AN'S N	WAS CAU IMMEDI , which mediate ng the e lost NIFICAN COSS TION DERLYING CAUSE OF I CALEXAMI RED MILE DRK I OTHER AME (TYP)
	nn		230	BURIAL, CREMATION, (SPEBURIAL	, KEMOV

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTIMORE MD 21215

1		Item 1,Film			DSPARTI		E OF MARYLAND EALTH AND MENTAL HYG	IENE					
	1-	STATE PET	runer	al Home	DEI ARTI		ICATE OF DEATH	7 REG.	2 5 2	41			
	Z DE	CASED NAME OR PRINT) SONJA	FIRST				PRAGER	SEPTEMBER 28, 1987 6 P.			6 P. M		
	3. SEX			1			DF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN.		
		FEMALE		CAUCASIAN		JÄNÜARY °6, 1923		9 BALTIMORE CITY OR COUNTY OF DEATH					
1	70 BIF	70 BIRTHPLACE (STATE OR FOREIGN POLAND		U.S.A.		MARRIED X NEVER MARRIED WIDOWED DIVORCED		BALTIMORE COUNTY MD.					
10 CITY OR TOWN OF DEATH BALTIMORE			11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4500 TAPSCOTT RD.				126 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AT HOME						
7	13a S	L RESIDENCE (IF NURS TATE IARYLAND	136 COUP		136 CITY OR TOW BALTI	/N	13d INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 4500 TAP	ZIP CODE SCOTT RD	. 212	208		
	14 FA	FATHER'S NAME FIRST MEIR KATZ					15. MOTHER'S MAIDEN NAME HANNAH-CHAVA MIDDLE UNKNOWN						
		AS DECEASED EVER		RMED FORCES? 166 SOCIAL SECURITY N 215-42-8715			ABRAHAM PRAC	ORMANT ADDRESS RAHAM PRAGER 4500 TAPSCOTT RD. 21208					
7	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								0			
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OF						IN CERTIFYIN	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)				
	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DE	HOUR A. P. 21e PLACE	OF INJURY .M. MONTH D. .M. OF INJURY REEL FACTORY OFFICE, I	19	211 LOCATION STREET	RED (ENTER NATURE OF INJI		OR PART 2)	STATE		
	W	WHILE NOTW AT WO TO WAT	(this hosp ed alive or did did no	ottol) offended the 22 offender the body	redeceased from 19 4	97	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	death occurred on the c	2) 19_ dote and hour an	226 DATE	SIGNED 24.81		
		URIAL, CREMATION, SPEBURIAL	REMOVAL	236. DATE 9/30/	23c		IN E Creston- EMETERY OR CREMATORY TFILOH	23d LOCATION BALTTMO		DUNTY MADVI	STATE		

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067577 OCT-	F. 8	7FOR Item #5° and	#6 , FilmGe	32, DEPAI		OF MARYLAND EALTH AND MENTAL HYC	SIENE	
001311 001	Pla	STATE 10-9-8/,	T		CERTIF	CATE OF DEATH	8 / REG. No. 5	6.0
m.e	1. DE	CEASED NAME " EIRST OR PRINT)	M	DOLE	-	र्ग	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
by be oge 3 death			ERINE	EVA	(PRESTON	7	3087 12mm
tor, p	3. SE		4. RACE WHIT	MD*	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
DE 31 01	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF W		RY? 8		9. BALTIMORE CITY OR COUN	
1 1 27		Jaryland	U.S.A.	A	WIDOWE	NEVER MARRIED	Baltimore Co	
8 197	10 C	TY OR TOWN OF DEATH	11. NAME OF H		SING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING Legal Secretar	126 KIND OF BUSINESS OR INDUSTRY V Law Office
2	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, O	SIVE RESIDENCE BE	FORE ADMISSION)			-
Fills		laryland 136 co	UNTY	Baltin	ore	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		21218 Street Apt 824
RYL	IN FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	LAST
W P	1	Edward		Constar		Ruth 17 INFORMANT	ADDRESS	Shanaman
BALTIMORE, one be executed to ppers. Pages vol.		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	216-10	0-6576		onan 3486 Plumti	
ST.,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	ISED BY IATE CAUSE (a)	AS A CONSEC	real V	asculen	Carlet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WILLS:
201 W. PRESTON es that the death creed by the ottendin please remove cort urial, cremotian, or		Canditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last.	(c)	AS A CONSEC				
RECORDS, 2 low requires been signe beermit Then per prior to buy to sony injury,	NOI						AINAL DISEASE OR CONDITION C	
. 0 1 - 1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHI	ICH OPERATIO	N WAS PERFORMED	IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
N. N	_	230. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.A	MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	3, PART 1 OR PART 2]
DING PHYSICIA DING PHYSICIA ar ottending pi After this certif e as the buriol: aith and Mental marked or frem.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	CITY OR TOWN	COUNTY STATE:
TITENDIN partol or TOR Aff for use or of Health		220.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did)	spital) attended the	28 11	Cherry	d that in (my) (eur) opinion	death occurred an the date and h	our and from the couses stated
Al OR A the hos the hos all DIREC letoched of the Detail of them T: If them		22b. SIGNATURE	Mean		V	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-30-87
TO HOSPITAL (retoined by the TO FUNERAL I should be deto. with the Store I		22d PHYSICIAN'S NAME STYL	Willin	ms	MID	1190 F R	esterston R. T	entert 142/13
5 5 5 4 3 X	23a. [BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION baltimore	COUNTY Maryländ
BP	24.5	Burial	10/2/8	37		ridge Cem.	Daitimore TE REC'D. BY REGISTRAR 256. REGI	
DHMH - 16 50M 7/77 (VR A 15 (4))		NAME FINERA	Home. In	ACC 410	7 Wilke	1223	T-2 1987 Juli	Davidson Randale

bases on authoral legg Loodpide no stand

20 AUTOPSY? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE EXECUTE THE CLESSES PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 97 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 and in my apinion 7501 York Rd., Towson, Md. 21204 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto. Md. Burial 9 - 23 - 87Dulaney Valley Timonium, 24 FUNERAL DIRECTOR 1050 York Rd. 25a. DATE REC'D. BY REGISTRAR THE PEGESTRAP 5 SCHATUM **DHMH - 17** Ruck Towson Funeral Home, Inc., Towson, Md. 21204 (VR A15 ME (51)

DEPARTMENT OF HERLITH AND MENTAL HYGIENE

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	1	_ Item #5° and	#6 . Film	rG632.	STATE	OF MARYLAND ALTH AND MENTAL HY			
7 7 OCT -	518		J	DEPARTA	MENT OF HE	ALTH AND MENTAL HY	GIENE	1 6 3	4 2
		REGISTRAR	201-2				8 / REG. N		20-
		CEASED NAME " " " " " " " " " " " " " " " " " " "		MIDDLE	216	<ा	20 DATE OF DEATH	MONTH DAY	YEAR 26, HOUR
ege foot	CATHERINE EVA PRESTON							7-308	57 /2mx
4 1	1.5E	X	4. RACE		5. DATE OF	BIRTH 07	6 AGE (IN YEARS LAST BIRT		
21	1	FEMALE .	WH	ITE	10		69 79	YRS MONTHS	DAYS HOURS MIN.
2 23		76 CITIZEN O	CITIZEN OF WHAT COUNTRY?			9. BALTIMORE CITY OR COUNTY OF DEATH			
8 27		laryland	U.S.	Α.	WIDOWED		Baltimor	e County	
1	Same.	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	IG HOME OF	OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126.	KIND OF BUSINESS OF
4/	F	eisterstown /		UCHFACILITY, GIVE STREET			Legal Sect	F WORKING LIFE) IND	aw Office
-	A	AL RESIDENCE (IF NURSING HOME					Thegal Beel	cary	AW OLLICO
	13a :	STATE 136 CO		13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		1218
22	_	laryland		Baltimoi		YES 🔼 NO		aul Stree	et Apt 82
9//	A) FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDDLE		LAST
	1	Edward		Constant		Ruth			hanaman
1 1 n		VAS DECEASED EVER IN U.S.	ARMED FORCES	? 166. SOCIAL SECU		17 INFORMANT	ADDRE	2104	3
E E		NO		216-10-	6576	Robert A. Co	onan 3486 P	lumtree D	r.
A P		18 CAUSE OF DEATH (Enter	only one couse p	er line for (a), (b) Jane	dica /		0 0 +	2	APPROXIMATE INTERVAL
od un on		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (o)_	Cerebi	al V	asculen	Cleanling	ے (o weeks
100		WWWED		OR AS A CONSEQUE	NCE OF				
our co	- 3	Conditions, if any, which	DOE TO,	OK AS A CONSECUE	INCE OF				
The same		gave rise to immediate cause (a), stating the) (0)-			773,702,754			
al de		underlying cause last.	DUE TO,	OR AS A CONSEQUE	NCE OF				
0.0		PART 2 OTHER SIGNIFICAN	(c)	CONTRIBUTING TO F	SEATH BUT N	IOT BELATED TO THE TER	MINIAI DISEASE OF CON	DITION CIVEN IN E	APT (te)
10.00	Z O	TAKI 2 OTTEK SIGNIFICAN	CONDITIONS	CONTRIBUTING TO L	ZEATH BOTT	OT RELATED TO THE TER.	MINAL DISEASE OR CON	JITON GIVEN IN P	ART III
è è -	CATIC	190 DATE OF OPERATION	TIPN CON	IDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	Tanh IF YES WERE	FINDINGS USED
9 0	- FE	THE DATE OF OVERAINOR	170 CON	DITION TOR WITHER	OI EKATION	WAS TENTONNED	- 11	IN CERTIFYING C	AUSES OF DEATH?
e d	CERT	716. ACCIDENT WAS UNDERLYING	215 7145	OF INJURY		21. HOW IN HER OCCUR	RED (ENTER NATURE OF INJUR	YES 🗌	NO 🗌
1 2/		OR CONTRIBUTING CAUSE OF	110110	A.M. MONTH DA	YEAR	THE HOW MAJORT OCCO	KED (ENTER NATURE OF INJUR	TIN ITEM 18, PART 1 OR I	PART 2]
117	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		P.M.	19				
P 0	ê G	21d INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COU	NTY STATE
94.0		WHILE NOT WHILE AT WORK			0	0	2		
le di		22a-1 certify that (I) (this ha		the deceased from_	J-	19	(10 9 - =	190	, that (I) (we) lo
5 8		saw the deceased alive shave, (i) (we) (did) (did		by ofter death.	and and	that in (my) (our) apiniar	death accurred on the do	ate and have and fr	am the couses stated
10.00		226. SIGNATURE	1-1		10	EGREE		220	L DATE SIGNED
de D		CE //ru	Mea	un	8)	ATTENDING PHYSICIAN	MEDICAL STAT	FIAND 9	1-30.8
3 3 7		224 PHYSICIAN'S NAME LTYP	OF PRINT) e//		. ~	22e. ADDRESS	7	0001	1
PORT		O. E. M.	11/1/1	RULS (NI	119,40	interest	Q to the	- A MUS
A MA	230 4	BURIAL, CREMATION, REMOV	AL 1225 DATE	122. 4	IAME OF CE	METERY OR CREMATORY	123d. LOCATION	- Levy	metal 1
	230 (SPECIFY)	23b. DATE 10/2			idge Cem.	baltimore	COUNTY	Maryland
		Burial	10/2	101	ulu K	rage Celli.	parchiore		ran y rana

21229

ADDRESS

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ulia Divideon Pandale

DHMH - 16 50M 7/77 (VR A 15 (4)) 24. FUNERAL DIRECTOR

1		120			
	- 5				